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ABSTRACT

The document reports on the sixth year activities of the Outreach: Macomb 0-3 Regional Project, a rural model for handicapped high risk infants, toddlers, and their families. Major project goals are to increase and improve specialized services for the population, refine the existing outreach model, and help develop evaluation and documentation plans to show program effectiveness. Progress in six project objectives is detailed: (1) awareness services concerning the model and early childhood education; (2) product development, revision, and dissemination; (3) site stimulation (adoption and continuation sites); (4) training and technical assistance; (5) cooperation with other agencies in local, state, regional, and national activities; and (5) provision of consultative services to early childhood and special education programs. A concluding section notes administration features of the project. Extensive appendixes include sample project forms, new dissemination materials, and new and revised training materials. (CL)

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OUTREACH: Macomb 0-3 Regional Project

A Rural Child-Parent Service

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES SPECIAL EDUCATION PROGRAMS

Program Performance Report

for

Handicapped Children's Early Education Program

Date of Report:

December 21, 1984

Period of Report:

October 1, 1983 to September 30, 1984

Grant Number:

G008301203

Project Number:

024BH30052

Grantee Name and Project Name:

Western Illinois University
0-3 Rural Early Childhood Handicapped Child/Parent Service

Director:

Patricia L. Hutinger, Ed.D.



U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES SPEGIAL EDUCATION PROGRAMS

Program Performance Report

- for

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5. Certification. I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and appendices) is correct and complete in all respects, except as may be specifically noted herein.

Patricia L. Hutinger, Ed.D.

Project Director

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ACCOMPLISHMENT REPORTING

The data contained in this document constitute a report on the sixth year activities of the Outreach: Macomb 0-3 Regional Project covering activities for the 12 month period, October 1, 1983 to September 30, 1984. The paper is organized into main headings according to Project objectives and categories determined to be indicators of impact at the meeting for Outreach Projects in Reston, Virginia in September, 1980 (Swan, 1981). Appendices include documentation for the activities cited. Further documentation of activities completed during the first nine months of 1983, as well as summaries of the first five years of Outreach, are contained in the Outreach proposa; for seventh year funding, dated February 1984.

Overview of Project

The Outreach: Macomb 0-3 Regional Project, a Child/Parent Service, is a rural model for handicapped and high risk infants, toddlers and their families, with continuation sites housed in two rehabilitation centers, one in McDonough County and the other in Fulton County, Illinois. The Project's model has effectively demonstrated the ability to function in a rural setting, establish rapport with families and agencies, and meet a variety of needs ranging from general awareness to specific training for work with young handicapped children and their families. National approval granted by the Joint Dissemination Review Panel (JDRP) in June, 1980 demonstrates that positive progress made by children in the model programs is statistically significant and can be attributed to the impact of the model. Outreach activities have been broad and varied, including establishing adoption sites across the country, training and working cooperatively with state level personnel in planning and meeting early intervention personnel needs, working with other First Chance Projects in Illinois, interacting with the Rural Network, and providing consultation to the local school district.

The major goals of the model are two-fold:

- 1. To provide an effective educational/remediation program in rural areas for optimal development of children with handicaps.
- 2. To help parents who live in rural areas acquire skills and knowledge required to become more effective in dealing with their children.

Analyses of child-gain data from sites continue to indicate that the first goal is effectively met by Project activities, while parental satisfaction data indicate that parents perceive themselves as gaining skills and knowledge, leading to effective accomplishment of the second goal.



Outreach Goals and Objectives

Project Goals

The major goals of the Outreach Project follow:

- 1. Increase high quality specialized services in rural areas to handicapped and high risk children from 0-3 years of age and to their families.
- 2. Improve existing specialized services in rural areas to handicapped and high risk children from 0-3 years of age and to their families.
- 3. Refine the existing effective Outreach Model for serving rural communities.
- 4. Ensure the continuation of services to the 0-3 handicapped population by helping ECH programs develop evaluation and documentation plans to show program effectiveness.

Outreach goals were delineated further in an invited presentation by the Director at the Outreach Conference Project Directors meeting in 1981 and are contained in an article entitled "A Rural Child/Parent Service Outreach Project: Basic Assumptions and Principles" found in the proceedings document (Swan, 1981). In 1982 this article was revised and was included in the Outreach proposal, January, 1983. A list of articles written about the Project and sample copies are contained in Figure 5 of the Outreach proposal, February, 1984.

Meeting the Outreach goals results in an increase in the number and quality of programs for infants and young children in rural areas, further development and refinement of materials and curriculum for such projects, and a higher quality of intervention delivery strategies. The objectives of the Project are interrelated—activities and impact in one area affect and enhance activities and outcome in other areas. Although primary focus is on the 0-3 target population, specific components of the Project are also useful for the 3-6 year old population.

Highlights of the past year of Outreach services have been numerous and include activities with continuation and replication/adoption sites; implementation of a grant from the Illinois Governor's Planning Council on Developmental Disabilities to study the state of the art of 0-3 programs in Illinois; invited participation and consultation with the State Education Agencies (SEA) Consortium; continued participation in HCEEP Rural Network activities; an Early Childhood Conference, co-sponsored with two other Illinois First Chance projects, the Illinois Division of Early Childhood, and the Illinois State Board of Education; initial awareness presentations in a number of states including Illinois, Nebraska, Missouri, South Dakota, Montana, and Ohio; successful completion of data collection on sites; as well

as continuation of field testing and revisions on the Macomb 0-3 Core Gurriculum, and development and revision of other products.

A summary of the indicators of impact from the sixth year of Outreach service is contained in Table 1.

Project Objectives

The Outreach goals were met through the attainment of the following objectives:

- 1. Provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.
- 2. Develop, revise and disseminate Project products and training and instructional materials.
- 3. Stimulate high quality programs, provide training and technical assistance in the preparation, implementation and evalution stages of a Macomb 0-3 program adoption/replication.
- 4. Provide training to early childhood and special education personnel in topics related to working with handicapped young children and their families.
- 5. Cooperate and participate with other agencies in local, state, regional and national activities related to services for young handicapped children.
- 6. Provide consultative services to early childhood and special education programs.

Target Population and Sites

Project adoptions are primarily intended for the 0-3 age range; however, Project objectives also focus on young children from 3-6 years. The Sharing Center component provides a least restrictive alternative, while the evaluation design of the Project, as well as some aspects of Home Visits, are applicable for projects serving older children.

The Outreach staff maintain contact with 25 established sites in Illinois, Wisconsin, South Dakota, North Dakota, Oklahoma, Washington, Ohio, and Kentucky and potential sites in Texas, Missouri, and Montana. Contact with local area agencies continues to be a major function of the Project. Cooperative efforts resulted in a successful Very Special Arts Festival and a developmental checklist for new parents. The Project continued monthly training responsibilities with the O-3 Regional Consortium (1B Developmental Disabilities Region) in cooperation with the Peoria O-3 Outreach Project.



'Table 1

Indicators of Impact: October 1, 1983--September 30, 1984

1.00 Awareness

Number of persons receiving awareness materials via conference attendence and participation	<u>755</u>
Number of persons requesting awareness materials or information by phone/letter	361
Number of persons visiting the demonstrations sites	<u>57</u> .
2.00 Product Development/Distribution	
Number of Products Available:	•
Papers	<u>32</u>
Books	4
Training Handouts	100+
Curriculum	1
CORE-Computer Software	<u>1</u>
Rural Network	• <u>9</u>
2. Proceedings Document	<u>2</u>
First Chance Directory	1
Number Distributed	5809
Number of audiovisual materials).	13
Number of times, wn	24
Number of viewers	317
Number of children receiving new/improved services via use of audiovisual materials	*10,645

3.00 Stimulating High Quality Programs

	Number of children served at demonstration/ continuation sites	<u>50</u>
	Type of handicap of children served at demonstration/ continuation site	**
•	Number of children served at model adoption sites	<u>87</u>
· · · ·	Number of children served at component adoption sites	932
4.00 Tra	ining	
	Number of college/university training programs incorporating model components	<u>2</u>
	Number of handicapped children served by number of persons receiving training	9967÷
	Number of professionals receiving training	<u>338</u>
	Amount and source(s) of funding provided by others to support training experiences	\$5877.44
		State Departments Local School Districts, Federal Funding
•5.00 Le	ocal/State/Regional/National Involvment and Coordination	
	Recognized assistance in developing or amending state plans state policies, or legislation	<u>4</u>
	Recognized assistance in supporting new positions/ structure for early childhood within State Department of Education or other state agencies	<u>5</u>
•	Number of publications developed and number distributed with project's assistance in program guidelines, license or certification, etc.	<u>5</u>
	Demonstrated effectiveness in meeting various consortium objectives (e.g. referral networks)	
	Illinois First Chance Consortium Directory	published & distributed
	Illinois first Chance Meetings.	4
•	Il inois First Chance Technical Assistance Project	in progress

j.	
Region IB 0-3 Consortium	meetings held monthly
Demonstrated effectiveness in meeting various rural needs	
Rural Network Monographs	11 edited & Published
	3 in evelop- ment
	361 disseminated
Rural Network Meetings	<u>3</u> .
Regional Rural Network Workshops	
Billings, Montana	<u>April 1983</u>
Kingsport, Tennessee	May 1984
Rural Network Resource Bank	participating
Other Technical Assistance/Consultation	
Number of children served with increased high quality services	2000+
Number of persons receiving information on sources of funding, writing proposals, and receiving	.
funding	<u>/</u>
Cost benefit consideration and analysis	<u>11</u>
Related projects funded	<u>3</u>

^{*}Large increase in number of children reflects evaluation data submitted by administrators serving Headstart children via Resource Access Projects (RAP)

^{**}Developmentally Delayed, Seizures, Motor Delay, Down Syndrome, Cerebral Palsy Environmental Delays, Auditory Delay, Language Delay, Multihandicapped, Hydrocephaly, High Risk

Staff also worked with Project ACTT (Activating Children Through Technology) staff in implementing the Macomb 0-3 Core Curriculum as an integral part of the curriculum for young handicapped children served by Project ACTT

In light of escalating travel costs, combined training sessions were held whenever possible. Work with several agencies during one trip was accomplished in South Dakota and Ohio. A training trip to Texas to work with several agencies is scheduled for early 1985.

Outreach Services and Activities

A comprehensive listing of Project activities which have been completed during the 1893-84 project year is contained in the following pages. The target audience or participants for each activity, along with the date of the service, is indicated. In each case documentation or evaluation data have been included. The activities are listed according to the major objectives of the Project which include:

1.00 To provide awareness activities,

2.00 To revise and develop products,.

3.00 To stimulate and develop adoption/replication sites,

4.00 To provide training to others,

5.00 To participate in national, regional, state and local coordination and activities,

6.00 To provide consultant services,

Awareness Accomplishments

Activities for general and Project specific awareness represented frequent contacts with the public and involved a variety of methods for raising general awareness about services to 0-3 age handica ped and high risk young children. Figure 1 contains a listing of Project specific awareness activities, including mass mailings, exhibits, awareness presentations, and distributions of materials. Awareness techniques such as those listed in Figure 1 have been used to increase awareness in university students and faculty, members of the helping professions, decision makers, various professionals, agencies and the public at large.

The Macomb 0-3 Project staff continued to work with state departments of education, NDN state facilitators and university departments of special and early childhood education to increase awareness of the Project. For example, awareness materials have been disseminated through the Colorado State Department of Education, the Minnesota NDN State Facilitator, and the Special Education Department of the University of Wisconsin at Eau Claire. Ongoing communications with state level personnel work with the SEA Consortium, and the State of the Art of 0-3 Programs in Illinois Study continued to bring national recognition to the Project and requests for information and services from across the country. Sources and types of requests for information are sumarized in Table 2.

The Outreach staff has responded to 10 questionnaires from various sources about the Project services to young handicapped children this last year.



Figure 1: Activities accomplished for awareness objective.

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

A	CTIVITY	8	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION	RESULT	\$
1	.1 Disseminate awarenes:	, materials.	. ,	e e e e e e e e e e e e e e e e e e e			,
C	-Provided awareness mat EC Conference.	terials for	4/20/84	Administrators, direct service providers.	Documentation in Project	files.	
; n	-Provided awareness mat ursing students.	terials for	4/27/84	12 student nurses.	Documentation in Project	files.	٨
C	-Provided awareness mat ore Curriculum.	terials on	6/84	State Implementation Grant personnel, pre-school co-ordinators, state facilitators.	Documentation in Project	files.	
te	-Provided awareness mai	terials	7/31/84	10 parent groups.	Documentation in Project	files.	
u	-Developed ad for Core	Curric-	7/84	Subscribers to Fall issue DEC Journal.	Sample in Appendix A.		
	-Provided awareness mai o persons who order Baby aterials from 8/83 to 8,	/ Buggy	8/8/84	32 persons who ordered Baby Buggy materials.	Documentation in Project	files.	
	-Provided awareness mat o persons who ordered Co iculum from 8/83 to 8/84	re Cur-	8/9/84	58 persons who ordered Core Curriculum.	Documentation in Project	files.	15
r'	-Macomb O-3 Project Cor iculum posted on Special		9/27/84	Early Childhood special educ- ation administrators and direct service personnel.	Documentation in Project	files.	•



Objective: 1.0 To provide awarene childhood education	ess services on.	concerning the Macomb 0-3 Regi	onal Project and model and early
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.1 Disseminate awareness materials	. (continu	ed)	
-Provided awareness materials to program administrators and personnel who request information by letter, phone or personal concontact.	10/83 - 9/84	185 program directors and staff in 38 states and 5 countries.	Requests summarized in Table 2. Documentation in Project files.
-Provided awareness materials to state education agencies.	4/84	Colorado early intervetion person el.	50 sets of Project and Core Curriculum broghures sent to Brian McNutly, Colorado State Department of Special Education.
-Provided awareness materials to state facilitators (NDN).	1/84	Minnesota early intervenion personnel.	15 sets of awareness materials sent to Dick Peterson, NDN, State Facilitator, Minnesota.
-Provided awareness materials to technical assistance projects.	2/84	West Virginia early inter- vention personnel.	Materials sent to West Virginia University Technical Assistance Project.
· ·		Virginia early intervention personnel.	Materials sent to Virginia Polytechnic Institute and State University, Department of Education.
-Provided awareness materials to Ohio RAP Conference.	10/15/84	Headstart personnel in Ohio.	70 Project brochures, 70 Core Curriculum brochures sent to Debbie Herron, RAP, Champaign, Illinois for distribution.
Provided awareness materials to state level personnel.	10/83 - 9/84	•	Documentation in Project files. 17
.State facilitators.	•	Oregon - Ralph Nelson Arizona - Leon Webb	·

Figure 1: Activities accomplished for awareness objective. (continued)

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early

childhood education.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

1.1 Disseminate awareness materials. (continued)

.State Departments of Special Education.

10/83 -9/84

Wisconsin - Jenny Lange Alabama - Freida Judge Iowa - Nina Carren South Dakota - Deb Barnett Texas- Samera Baird Virginia - Sharon Keifer Washington - Candy Baker

.University Departments of Special Education.

Kansas - Patricia Barber Wisconsin - David Franks

-Provided awareness materials to Regional Resource Center, Columbus, Ohio Great Lakes Area.

Illinois, Indiana, Ohio, Michigan, Wisconsin, Minnesota, Pennsylvania

Ongoing communication and requests from RRC documented in Project files.

1.2 Participate in awareness activities.

-Presentation at RAP/Nebraska Department of Education Conference, Kearney, Nebraska.

Conference, Kansas City, Missouri.

3/22 -

Headstart teachers and administrators, pre-school teachers and administrators.

Sample agendas in Appendix B.

Administrators, direct service presonnel, students.

Evaluation in Project file. Evaluation summary included in Appendix C.

-Presentation at Early Interention Workshop, Sioux Falls, South Dakota.

-Presentation at INTERACT

4/6/848

3/30/84

Teachers and administrators, Sioux Falls, South Dakota.

Documentation Appendix B.

Agenda in Appendix B.



Objective: 1.0 To provide awarene childhood educatio	ss services n.	concerning the Macomb 0-3	Regional Project and model and early
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.2 Participate in awareness activi	ties. (con	tinued)	&
-Presentation at Montana Symposium in conjunction with Rural Network.	4/11/84	Administrators, direct se vice personnel, students.	
-Poster display at Montana Symposium.	4/11/84	Administrators, lirect se vice personnel, students.	• · · · · · · · · · · · · · · · · · · ·
-Exhibited materials at conferences.	· · · · · · · · · · · · · · · · · · ·	Administrators, direct se vice personnel, students.	
.HCEEP Conference, Washing- ton, D. C.	12/12 - 15/83	, , , , , , , , , , , , , , , , , , ,	
.INTERACT Conference, Kansas City, Missouri	3/30/84		
.Montana Symposium, Billings, Montana.	4/11/84	, ··•	
CEC National Convention, Washington, D. C.	4/23 - 27/84		
.Rural Network Appalachian Workshop, Kingsport, Tennessee	5/10/84	•	2
.Third Illinois Birth to Three Symposium.	5/17 - 18/84	•	
-Met with Judy Goodrich, Coordinator of Early Interven- tion Project, Lexington, Kentucky to give awareness information.	6/11/84	Judy Goodrich	Documentation in Project files.

ERIC

Full Task Provided by ERIC

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*Full Text Provided by ERIC

Component Adoption

	Table 2.	Summary o	F Sample Sou	ricos		·			' •	, po ,
	and Types	of Request	f Sample Sou 5 10/83-9/84	, 9,	• '			·		
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	Total Requests	Awareness	Products	consulcation/ Staff Development	Home Visits	Core Curriculum	Sharing Centers	MADE	Program Evaluation	Transition	Model Adoption	Totals*
State Department of Education	10	2	6	1		•				1	1	11
State Agencies (MH, DD, Community Action)	81	27	55	2	2 '	2	2	3	1	2	2	98
Schools (Co-ops, Public, Private, Universities)	85	31	57	3 .	1	1	1	2	2			98
Individuals	80	65	19	2		1		1	-			88
Private Agencies (UCP, ARC, Easter Seals)	65	34	37	, 3	1	2	1	2	4	2	4	90
Federal Agencies (Head Start, HCEEP)	36	22	16	1				1	1			41
Médical	.c. 4	4	5									9
Totals	361**	185	195	12,	4*	6*	4*	9*	8*	5*	7*	435**
, , , , , , , , , , , , , , , , , , ,		42	44	3	1	1	1	2	2	1	. 2	99

*When all adoption requests are totaled N=43 or 10% of total requests.

**"Type of Requests" totals are greater than "Total Requests" for information because some requests asked for more than one type of information.



Awareness materials have been sent to 185 individuals requesting information about the Project. The Project has participated in numerous awareness activities ranging from a presentation to a local junior college child development class to presentations at the National CEC Conference. Many activities have been carried on in conjunction with other organizations such as Rural Network and INTERACT. Newsletters are periodically disseminated to persons on a continually up-dated mailing list. In addition to activities listed in Figure 1, many activities listed as site stimulation activities (Figure 3) and training activities (Figure 5) serve to increase Project awareness. Table 3 contains an accounting of other product dissemination experiences.

Product Development Accomplishments

The Macomb 0-3 Project continues to produce new materials and staff continue to revise and refine materials produced earlier to meet the demands of varying training situations. Awareness, curriculum, evaluation and training materials were developed and refined as indicated in Figure 2.

Training flyers and the Project abstract were revised. A temporary handout, "The Baby Buggy News," was developed and printed for use while the Project brochure was redesigned and printed. Sample copies of both are included in Appendix A. Other printed awareness materials were reviewed and revisions were made as needed.

The decision was made to produce an awareness videotape rather than revise the slide tape. This tape, produced in February, presents an overview of the Project and features Project staff discussing various aspects of the Project. It is available for loan to persons interested in the Macomb 0-3 Project and has thus far been viewed by two agencies. It is currently undergoing revision in conjunction with the development of videos on Project components. A no-cost time extension to produce videotapes on Project Components was requested.

Along with the continued development and dissemination of a bi-yearly Project newsletter, staff members have again this year produced and distributed to Sharing Center sites the <u>Sharing Center News</u>. This newsletter, which was printed in November, 1983 and April, 1984, went to 18 Sharing Center sites across the country. A sample copy is contained in Appendix D. The fifth edition was distributed in October, 1984.

Training materials for all Project components were revised, updated, and expanded. New materials on planned d screpancies and the linguistic approach to communications, as well as materials specific to implementing model components, were developed. Other available materials were reviewed and revised as indicated in Figure 2. Sample copies of completed new training materials can be found in Appendix D. Many products are in the developmental stages. Videotapes on all Project components including curriculum are currently being developed. Baby Buggy papers and books on a variety of topics including a parent bibliography, books for babies, working with the medical community, and program evaluation, are in process and nearing completion. The regional educational television station, CONVOCOM, is just beginning operations. Development of programs for this station has been delayed.



Table 3. Product Dissemination Experiences, 1978-1983

	7/78-7/79	7/79-7/80	7/80-7/81	7/81-6/82	7/82-9/83	10/83-9/84
Written requests received for materials	113	83	146	202	229	361
Number of aware- ness materials and products disseminated as result of written requests	695	723	566 <i>*</i>	1898	1667*	990
Number of aware- ness materials disseminated as result of per- sonal contacts	750	843	510	1795	1529*	2349
Number of requests for further information, training as result of dissemination	26	53	96	1.17	125	139
Number of individuals, programs on mailing list for newsletter	0	950	1053	1346	1473	1237**

^{*}Note that changes in numbers reflect our consolidation of 28 Baby Buggy Papers into one product.



^{**}Deletion of duplications and multiple copies to the same agencies resulted in lower mailing list number.

	Figure 2: Activities accomplished for product revision and development objectives.						
nd ive	Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.						
sion an Objecti	ACTIVITY	DAŢĖ	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS			
Revis ent O	2.1 Refine available awareness mat	erials.					
Product Developm	-Developed Awareness Brochure "Baby Buggy News."	4/84	Persons requesting information of Outreach Services; participants at awareness presentation	Copy in Appendix A.			
٠	-Revised Training Flyer and Project Abstract.	÷	Persons requesting information on Outreach Services.	Copy in Appendix A.			
	-Developed new Awareness Bro- chure.	5/84	Persons requesting information on Outreach Services.	Copy in Appendix A.			
	2.2 Develop and produce new awaren	ess materia	ils.				
	-Developed awareness videotape.	2/84	Administrators.	Available from Project office.			
	2.3 Revise available training inst	ructional m	naterials.				
1	-Sharing Center News.	11/83 4/84	Sharing Center adoption site staff, administrators, trainees.	Excerpt in Appendix D			
30	-Videotape activity worksheets.	4/84	Site staff, inservice trainees.	Worksheets in Appendix D.			

31

.Infant and Toddler Development.

.Developing objectives and functional activities.

Figure 2:	Activities accomplished for product revision and dev	velopment objectives.	(continued)
Objective:	2.0 Develop, revise and disseminate project produc	cts and training and	instructional m

	rigure 2: Activities accomplished for product revision and development objectives. (continued)							
ve d	Objective: 2.0 Develop, revise an	d dissemina	ate project products and training	and instructional materials.				
ion an Sjecti	ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS				
Revision	2.3 Revise available training instr	uctional ma	aterials. (continued)					
Product Revision and Development Objective	-Activity Plan Worksheet.	4/84	Site staff conducting home visits, inservice trainers.	Worksheet in Appendix D.				
Pro	-WADE participation form.	6/84	Site staff conducting WADE inservice trainees.	Form in Appendix D.				
	-WADE WAVES - Ideas on WADE.	6/84	Site staff conducting WADE, inservice trainees.	Excerpt in Appendix D.				
	-Revise training manual.	8/84	Site staff.	Excerpt of table of contents in Appendix D.				
,	-Child and Family Intervention summary.	8/84	Site staff conducting home visits, inservice trainees.	Worksheets in Appendix D.				
	-CDS' competencies.	9/84	Site, Outreach staff.	Competencies in Appendix A.				
	2.4 Develop new training/instruction	nal materia	als.					
	-Individual child and family needs program.	11/83	Site staff conducting home visits, inservice trainees.	Excerpt in Appendix D. 33				
32			<u>,</u>					
	-Planned Discrepancies: Surprise Activities to Increase Infant's	2/84	Site staff conducting home visits, trainees.	Excerpt in Appendix D.				

needs program.	11,00	visits, inservice trainees.	treethe in Abbendix D.
-Planned Discrepancies: Surprise Activities to Increase Infant's Cognitive Development.	2/84	Site staff conducting home visits, trainees.	Excerpt in Appendix D.
-Developmental checklist.	2/84	Site staff, inservice trainees, parents.	Excerpt in Appendix D.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

É		••	nate project products and training	
bjec1	ACTIVITY	DATE '	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
ent ()	2.4 Develop new training/instruction	onal mater	ials. (continued)	
Development Objective	-REEL Fact Sheet.	5/84	Site staff using REEL, in- service trainees.	Fact sheet in Appendix D.
De	-WADE training materials.	6/84	Site staff conducting WADE, inservice trainees.	•
	.Videotape and handouts of physical therapist discussing water activities.	6/84	Site staff conducting WADE, inservice trainees.	Tape in Project office.
	.WADE planning guide.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
	.WADE needs assessment.	6/184	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
	.WADE medical release.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
	.WADE participation form.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
3	.WADE parent evaluation - individual sessions.	б/84	Site staff assessing parent satisfaction with WADE, inservice trainees.	Form in Appendix D.
	.Parent questionaire: Evalua- tion of WADE.	8/84	Site staff assessing parent satisfaction with WADE, inservice trainees.	Form in Appendix D.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.4 Develop new training/instruction	nal materi	als. (continued)	
2.4 Develop new training/instruction -Baby Talk Diary -Procedures for calculating mean	7/84	Participants in inservice training.	Excerpt in Appendix D.
-Procedures for calculating mean length utterances.	7/84	Site staff conducting home visits, participants in inservice training.	Excerpt in Appendix D.
-Characteristics of Brown's Lin- guistic Stages.	7/84	Site staff conducting home visit, participants in inservice training.	Excerpt in Appendix D.
-Communication notes.	7/84	Site staff conducting home visits, participants in inservice training.	Excerpt in Appendix D.
-Slides/videotape of Sharing Center.	8/84	Site staff conducting Sharing Centers, inservice trainees.	Videotape in Project office.
2.5 Develop procedures and material handicapped children.	s to train	0-3 personnel without previous	experience in working with young
-Developed training packets in the following areas:	10/83 - 11/84	Direct service personnel.	Documentation in Project files. Excerpt in Appendix D.

.Hearing impaired.

.Assessment.

opjective: 2.0 D	evelop, revise an	a aissemii	nate project products and to	raining and instruct	10nal materials.	1
ACTIVITY ,	}	DATE	TARGET AUDIENCE	DOCUMENTATIO	N/EVALUATION RESULTS	
2.5 Develop proced handicapped ch	ures and material		n 0-3 personnel without prev	vious experience in	working with young	
.Parent involv	ement.		•			
.Program evalu	ation.	-		• ,		
2.6 Revise, field	test the Core Cur	riculum.				•
-Began data coll field test sites.		10/83 - 9/84	Field test site personnel Outreach staff.	, Documentatio	n in Project files.	
-Developed Core Referenced Charts.		3/84	Sites field testing Core	Copy availab	le in Rroject office.	
-Training on Cor ducted for field t	e Curriculum con- est site.	11/4/83 2/84	Warren Achievement Center Replication continuation		n in Project files.	
-Training on Cor project site.	e Curriculum at	2/29/84	0-3 Replication and Conti uation sites. Field test sites.		n in the Project files. ummary in Appendix C.	;

-Developed and distributed Core Curriculum Pre-Evaluation Question-38

aire.

-Sent evaluations of Core Curric- 8/84 ulum to purchasers, Persons ordering Core Curric-Evaluation summary in Appendix C ulum.

Field test site personnel.

Documentation in Project files.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVI:Y

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

2.7 Refine available management/evaluat in materials.

-Revised Staff Activities Accountability Program Outreach form.

3/84

Outreach staff.

Excerpt in Appendix D.

-Developed systemized program management on microcomputer disks.

10/83 -

0-3 administrators and direct service staff.

Computer programs available from Project.

41

.Core curriculum

- -IEP Development
- , -Child records

2.8 Develop new management/evaluation materials.

-Revised Site Stimulation Procedures.	6/84 <u>.</u> ·	Administrators at sites, Out- reach staff, others contract- ing for Outreach services.	Form in Appendix D.
-Financial Agreement.	6/84	Administrators at sites, Out- reach staff, others contract- ing for Outreach services.	Form in Appendix D.
-Information form for training.	6/84	Administrators at sites, Out- reach staff, others contract- ing for Outreach services.	Form in Appendix D.
-Reprication Site Pre-Training Needs Assessment.	6/84	Administrators at sites, Out- reach staff.	Form in Appendix D.
-Model Fidelity Profile	9/84	Site staff, Outreach staff.	Profile in Appendix D.
-CDS competencies	9/84	Site staff. Outreach staff.	Profile in Annendix D

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Figure 2: Activities accomplished	for product	revision and development object	tives. (continued)
Objective: 2.0 Develop, revise an	nd dissemina	ite project products and training	and instructional materials.
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.9 Develop, produce products coope	eratively wi	th rural projects.	
-Survival Strategies Monograph (in process).	To be completed 3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
-Parent Involvement Monograph (in process).	3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
-Training Personnel to Work in Rural Areas.	3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
2.10 Disseminate Project materials.	•		ı
-Processed orders for Baby Buggy Books and papers.	10/83 - 9/84	Administrators, direct service personnel and parents interested in rural service delivery.	138 orders processed. 341 products disseminated.
-Loaned books, toys to site staff members.	10/83 - 9/84	Site staff members	Documentation in Project files.
2.11 Disseminate Project media prod	lucts.		
-Loaned slide/tapes and video-tapes.	10/83 - 9/84	Administrators, direct service personnel.	Documentation in Project files.
2.12 Disseminate products in conjun	iction with	other rural projects.	
-Processed orders (or Rural Net-	10/83	Administrators, direct service	66 orders processed

-Processed orders for Rural Net- 10/83 Administrators, direct service 66 orders processed. work monographs. 9/84 personnel, parents interested 361 monographs disseminated. in rural service delivery.



,42

Training packets on hearing impairment, Sharing Centers, and assessment have been completed and are ready for distribution. Parent involvement, nutrition, working with the medical community, and program evaluation training packets are nearing completion. These packets are designed for use with site staff members who have little or no previous training in a specific area. Excerpts are found in Appendix D.

A major effort this year has been the field testing of the Core Curriculum. A list of field test sites and locations can be found in Table 5. The field testing period ended in November and data is now being. Final evaluation reports and requests for activities, adaption, and post test data have been sent to sites. These forms, as well as a summary of preliminary field test data, are included in Appendix C.

A major addition to Core Curriculum materials developed this year is the CORE (Computer Oriented Record-Keeping Enabler), a microcomputer program for use in developing IEP's and maintaining and updating child records. The software for this program is now available through the Project. A flyer describing CORE is found in Appendix A.

Management materials were also refined and new products developed. A number of microcomputer programs were completed. Other Outreach procedure materials were also developed, as indicated in Figure 2. Samples are included in Appendix D. A major effort was the development of the Model Fidelity Profile. This Profile is used to assess a program adherence to the Macomb 0-3 model. A copy is included in Appendix D.

Three additional Rural Network monographs, Parent Involvement, Survival Strategies, and Training Personnel to Work in Rural Areas, were in the development/production stages during 1983-84. Completion is targeted for Spring, 1985. The Macomb 0-3 Project office continues to produce and disseminate the monographs and raintain financial records.

A computer program to document dissemination of Baby Buggy materials and record evaluation continued to be used during the past year. The printout, which provides an accurate record of dissemination of materials, shows that in the past year 341 products were requested by 138 agencies, universities, medical centers, and individuals in 41 states and 7 foreign countries. Ninety-eight of the materials requested were Core Curriculum. A sample page from the printout is included in Appendix D.

Site Stimulation Accomplishments

During its sixth year of funding, the Outreach: Macomb 0-3 Project continued to emphasize the stimulation of adoption sites. Three types of sites remain intact. They are as follows:

- 1. Component Adoption Site: a program which receives assistance in preparation, implementation and evaluation of one of the model components (Home Visits, Sharing Centers, WADE or Program Evaluation);
- 2. Model Adoption Site: a program which chooses to adopt all components of the model and agrees to provide child gain and parent satisfaction data to the Project;



3. Field Test Site: a program which agrees to use the <u>Macomb</u> <u>0-3 Core Curriculum</u>, 3rd Edition, complete a written evaluation of the curriculum, and collect child gain data during the field test period.

Figure 3 details the activities undertaken with component and model adoption sites and with continuation sites. There are currently 20 component adoption sites (3 of which are new), 5 model adoption sites (2 of which are new), 2 continuation sites, and 12 field test sites. Project staff have conducted training and follow-up services for these 39 sites.

Budget restraints, changes in staff and program changes at sites have meant changes in the implementation of components. One Sharing Center site established in 1982 at the Little River Co-operative in Tecumseh, Oklahoma discontinued that service in 1983 due to staff changes and budget cuts. However, after consultation with Project staff, new staff at the Little River Co-operative were able to begin Sharing Centers. An Illinois site established in 1978 had so adapted the Sharing Center concept that they could no longer be considered a site. Another Illinois site adapted the concept to include a therapist who works with the children during Sharing Centers. Since this program is still using basic concepts of the component, it is considered an adoption site. A third Illinois site is using concepts and ideas from Sharing Center training with parent volunteers in their center-based program. This program is also considered an adoption site. A site in South Dakota that was trained and signed a replication agreement was nevergable to implement Sharing Centers.

Table 4 lists each of the current adoption sites by the components which they have adopted, includes staff size and number of children served, and identifies those which are new this year. Figure 4 illustrates the location of adoption sites. Table 5 lists field test sites and their locations.

Outreach staff maintain contact with continuation and adoption sites at different levels of involvement. Sites at the negotiation and planning stage are considered 'evel I sites. Staff provide extensive support and training to Level II sites. Level III sites, which have been previously trained, receive support and follow-up training, while Level IV sites, which are adequately trained and can now help train others, require little support from Project staff. Table 6 lists the current involvement levels for continuation, model adoption and component adoption sites.

Component and Model Adoption Sites. Component and model adoption sites have received extensive time commitments from the Outreach staff this past year. Two of the new model adoption sites are located at a great distance from the Macomb site and have necessitated extensive travel. Staff members at two model adoption sites in Illinois required extensive support from Project staff, including further training and consultation because of limited resources and personal experience.

These examples demonstrate the commitment made by the Outreach staff to quality of training experiences. Each of the sites trained during the year has had enough direct contact with Project staff to facilitate long-term change and growth in their programs. The "Satisfied with Outreach Services



Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

3.1 Identify sites selected from states receiving primary and secondary emphasis on site stimulation.

-On-going contacts with Early Childhood personnel concerning Macomb O-3 services and possibilities of working in their area.

10/83 **-** 9/84

Documentation in Project files.

.State facilitators.

.State Department of Special Education.

Idaho - Paul Swartsenberg Oregon - Ralph Nelson Washington - Keith Wright

Brian McNulty, David Smith Colorado
Jenny Lange, David Franks,
Dwayne Peterson - Wisconsin
Deb Barnett - South Dakota
Jan Thelin - Nebraska
Denise Billage, Debbie Lauder,
Rita Barkley - Texas
Mini Mazzier - Kentucky
Susan Martin, De Dransfield SEOVEC - Ohio
Candy Baker - Washington

Michael Hagen - Montana 'Patricia Spencer' - Wyoming

Natalie Arend, Ann Geary -, PARC, Paulding, Ohio

Donna Dercacz - Austin, Texas

Education.

46.

.State implementation grant personnel.

.Private agencies.

.Private consultants.

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Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparations implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY

DATE

TARGET AUDIENCE

-DOCUMENTATION/EVALUATION RESULTS

3.1 Identify sites selected from states receiving primary and secondary emphasis on site stimulation. (continued)

-On-going planning negotiations 10/83 for component/model replication. 9/84 (Level I sites).

Documentation in Project files.

.Sharing Center.

Head Start Operation for Pre-School Education, Galesburg, Illinois; Flathead Co. Rural Special Education Co-Op, Kalispell, Montana: Child Study Center, Oklahoma Teaching Hospitals, Oklahoma City, Oklahoma.

.Model Adoption.

Associated Rehabilitation Services, Inc., St. Peters, Missouri

3.2 Secure agreements from target siter for component/model adoption.

48

Adoption site administrators and direct service personnel.

Five component or model adoption agreements signed. Copies in Appendix E.

-Project KIDS, St. Joseph's 6/6/84 Hospital & Medical Center, Dickinson, North Dakota - Sharing Center.

-Omak School District # 198 Omak, Washington - Model Adoption.

8/1/84

50

3.4 Implement system of model component training through new training techniques.

-Training modules.

10/83 **-** 9/84

Site personnel.

Draft form in Project files.

· . Hearing Impairment.

Excerpt in Appendix D.

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ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULT	S
				•
3.4 Implement system of model com	mponent trainin	g through new training technique:	s. (continued)	
.Parent Involvement.				
.Program Evaluation.	January P. Carlotte and Carlotte			
.Assessment.	•	•		,
.Working with Medical Communi	ity.			
-Training videotapes of model components (in planning stages arget date, 1/85).	10/83 - 9/84	Site personnel.	Documentation in Project files.	•
-Revised/expanded written training materials (See new and revise training materials, Figure 2).		Site personnel.	Samples in Appendix D.	
3.5 Train personnel from adoption	n/replication s	ites.	Evaluation summaries in Appendi Sample agenda in Appendix B.	x C.
-Core Curriculum training.	10/21/83	Staff, Holiday School, Pekin, Illinois.		5
-Core Curriculum training.	2/29/84	O-3 Replication/Continuation Sites, field test sites.		
-WADE Training.	6/20/84	Staff - Holiday School, Pekin, Illinois, and UCP of North-western Illinois.		1

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to sites.

Figure 3: Activities accomplished for site stimulation objectives. (continued) Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication. **ACTIVITY** DATE TARGET AUDIENCE DOCUMENTATION/EVALUATION RESULTS 3.6 Provide systematic follow-up services for adoption replication sites. Continuation site staff. -Monthly site staff meetings. 10/83 -Sample minutes in Appendix B. 9/84 -Sharing Center News mailed. 11/83 -Sharing Center Adoption site Sample copy in Appendix D. 4/84 staff. -Site visits. 10/18/83 Administrator and direct ser-Documentation and evaluation in Project vice staff, 0-3 Program, ARC files. of Henry and Stark Counties, Kewanee, Illinois. 10/21/83 Direct service personnel at Documentation and evaluation in Project Holiday School, Pekin, files. Illinois. 12/7/83 Sharing Center participants/ Documentation and evaluation in Project of staff at Project First Step, files. Breese, Illinois. 12/8/83 Sharing Center participants Documentation and evaluation in Project and staff at Project RIEF. files.

Norris City, Illinois.

Illinois.

Illinois.

Administrators - Mason City

Public Health Dept., Havana,

Sharing Center participants

and staff at MCRC, Bushnell,

Documentation and evaluation in Project

Documentation and evaluation in Project

57

files

files.

1/19/84

3/14/84



Objective: 3.0 Stimulate high qual implementation, and	ity program I evaluation	ns, provide training and technica n stages of Macomb 0-3 adoption/re	l assistance in the preparation, eplication.
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.6 Provide systematic follow-up ser	rvices for a	doption replication sites. (con	tinued)
	7/3/84	Mickie Fletcher, Mason County Public Health Department, Illinois.	Documentation and evaluation in Projectiles.
•	9/19/84	Sharing Center participants and staff at Wee Care Day Care Center, Macomb, Illinois.	Documentation and evaluation in Projectiles.
-Sent Sharing Center evaluation to level IV sites.	9/84	Level IV Sharing Center sites.	Completed forms in Project files.
3.7 Provide training to staff member	s who will	serve as trainers.	
-On-going negotiations to provide Sharing Center training.	10/83 - 9/84	Idaho Outreach Project staff.	Documentation in Project files.
-Training on Sharing Centers and WADE.	8/27 - 29/84	Donna Dercacz, Special Edu- cation Consultant.	Documentation in Project files.
3.8 Refine and disseminate basic ass	umptions re	garding Outreach.	
-Reviewed "Basic Assumptions Determining Contact Procedures."	1/84	Outreach project staff.	Copy in Appendix D. 59
-Reviewed "Strategies for Mar- keting Outreach Services."	1/84	Outreach project staff	Copy in Appendix D.

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Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation,

implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

3.8 Refine and disseminate basic assumptions regarding Outreach. (continued)

-Reviewed "Basic Outreach Assump- 2/84 tions and Procedures."

Copy in Appendix D.

3.9 Refine and disseminate model procedures for accomplishing selected Outreach activities.

-Refined "Site Stimulation Procedures."

2/84

Outreach staff.

Copy in Appendix D.

-Refined Site Contract Form.

2/84

Outreach staff.

Copy in Appendix D.

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C1

Table 4

Macomb 0-3 Project Adoption Sites

Number of Staff and Number of Children Served

MODEL ADOPTION SITES

	Name and Address of Agency	Rumber of Full and Part Time Staff	*`Average Number of Children Served 1983-84
1.	Holiday School Pekin, Illinois	5 Full Time 2 Part Time	48
2.	Association for Retarded Citizens in Henry and Stark Counties Kewanee, Illinois	1 Full Time	19
3.	Mason County Health Departmen Havana, Illinois	t 1 Full Time	14
* 4.	PACEAthens City Schools Chauncy, Ohio	Full Time Part Time	6
*5.	Omak Birth to Three Program Omak, Washington	1 Full Time	Child find in process
t	COMPO	NENT ADOPTION SITES	
Shai	ring Center		
5.	Wee Care Day Care Center Macomb, Illinois	2 Full Time 3 .75 Time	32
7 •	Connections-UCP Madison, Wisconsin	4 Full Time 2 Half Time	45
3.	Community Counseling Center. Quincy, Illinois	3 Full Time 7 Part Time	60-70
).	Tots' Territory 0-3 Cairo, Illinois	2 Full Time	33
0.	Lake-McHenry Regional Program Gurnee, Illinois	12 Full Time	400

Ø

Table 4 (continued)

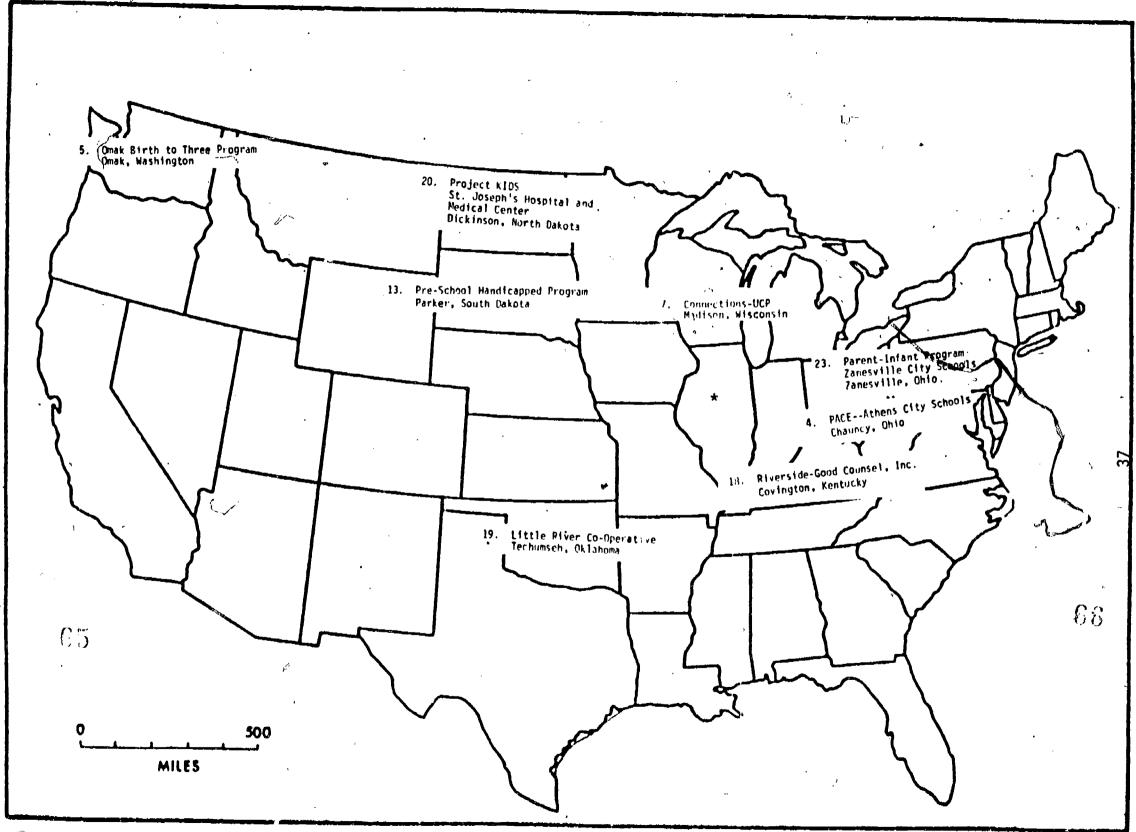
	Name and Address of Agency	Number of Full and Part Time Staff	Average Number of Children Served 1983-84
Sha	ring Centers (continued)	tr	ij.
11.	LaSalle County Easter Seals Ottawa, Illinois	4 Full Time	10
12.	Iroquois Association for Retarded Citizens Watseka, Illinois	1 Full Time 1 Part Time	10
13.	Pre-School Handicapped Program Parker, South Dakota	5 Full Time 5 Part Time 5 Aides	24
14.	First Step Program Breese, Illinois	2 Full Time 3 Consultants	25
15.	Rural Infant Education Program Norris City, Illinois	2 Full Time	25
16.	Nanon Wood Centér 0-3 Salem, Illinois	1 Full Time	25
17.	Birth to Three Program Fayco Enterprises Vandelia, Illinois	2 Full Time	. 21
18.	Riverside-Good Counsel, Inc. Covington, Kentucky	3 Full Time 5 Part Time	40
*19 *	Little River Co-Operative Techumseh, Oklahoma	1 Full Time	6
*20 ,	Project KIDS St. Joseph's Hospital and Medical Center Dickinson, North Dakota	2 Full Time 1 Par. Time	33
W.A.	D.E.		
	Bushnell-Prairie City Preschool Bushnell, Illinois	2 Full Time 1 Full Time Aide	. 24

Table 4 (continued)

Name and Address of Agency	Number of Full and Part Time Staff •	Average Number of Children Served 1983-84
W.A.D.E. (continued)		
22. Colchester Pre-School Colchester, Illinois	1 Full Time 1 Aide	17
*Core Curriculum-Home Visit		
23. Parent-Infant Program Zanesville City Schools Zanesville, Ohio	4 Full Time	. 7
Adapted	`	
24. Vermilion Mental Health and Development Center Danville, Illinois	4 Full Time 3 Part Time	55
25. Nanon Wood Center 0-3 Effingham, Illinois	2 Full Time 3 Part Time 2 Aides	30

^{*} New Sites - 1983-84

Figure 4. Macomb 0-3 Adoption Site Locations.



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Illamis locations on map following

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Figure 4. Macomb 0-3 Adoption Site Locations. (continued)

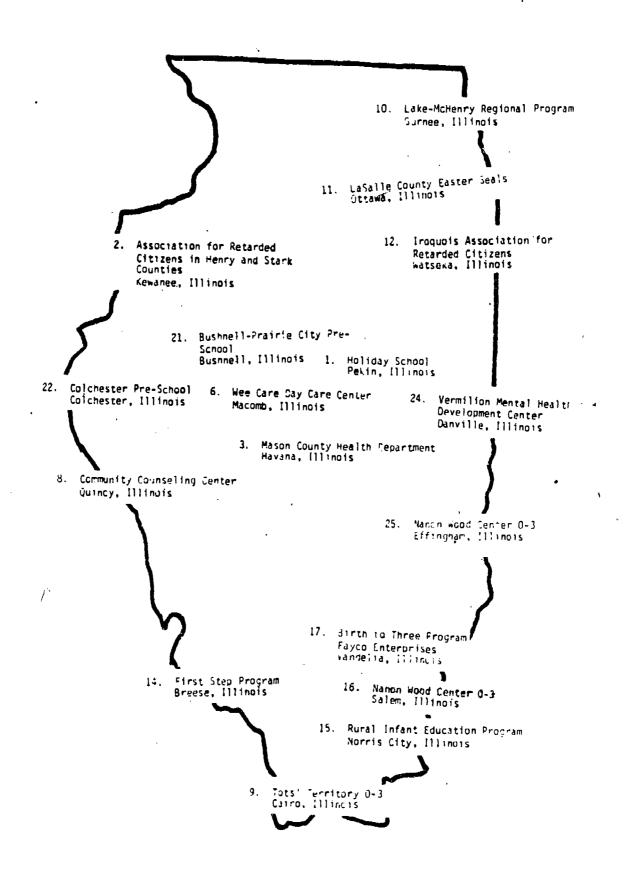


Table 5
FIELD TEST SITES

AGENCY	LOCATION
Smouse School	DesMoines, Iowa
Project PEEP	Colby, Kansas
Child Study Center	Oklahoma City, OK
Family Life Education	Akron, Ohio
Merimore School	Lima, Ohio
Manassas City Preschool	Manassas, Virginia
Warren Achievement School	Monmouth, Illinois
Holidav Resource Center	Pekin, Illinois
Mason County Public Health 0-3	Havanna, Illinois
Kewanee ARC - 0-3	Kewanee, Illinois
Fulton County 0-3	Canton, Illinois
McDonough County 0-3	Macomb, Illineis



Table 6

Involvement Levels for Continuation/Adoption Sites

CONTINUATION SITES

Site	e	Level of	Involvement
1.	McDonough County Rehabilitation Center Macomb, Illinois		IV
2.	Canton Community Workshop Training Center Canton, Illinois		II
	MODEL ADOPTION STIES		V
*1.	PACEAthens City School Chauncy, Ohio		II
2.	Holiday School Peking, Illinois		III
3.	Association for Retarded Citizens in Henry and Stark Counties Kewanee, Illinois		III
*4.	Omak Birth to Three Program Omak, Washington		II
5.	Mason County Health Department Havana, Illinois		II .
	COMPONENT ADOPTION SITES	•	
Sha	ring conters	,	
1.	Community Counseling Center Quincy, Illinois		IV
2.	Connection - UCP Madison, Wisconsin		IV



Table 6 (continued)

Site	Level of Involvement
Sharing Centers (continued)	
3. Wee Care Day Care Center Macomb, Illinois	III
4. Tots' Territory Cairo, Illinois	IV
5. Lake McHenry Regional Program Gurnee, Illinois	IV
6. Pre-School Handicapped Program Parker, South Dakota	III .
*7. Little River Co-Operative Tecumseh, Oklahoma	III
8. First Step Program Breese, Illinois	III
9. LaSalle County Easter Seal Ottawa, Illinois	III
 Iroquois Association for Retarded Citizens Watseka, Illinois 	· IV
11. Riverside-Good Council, Inc. Covington, Kentucky	III
12. Nanon Wood Center-Marion County Salem, Illinois	II
13. Birth to Three Program Fayco Enterprises Vandelia, Illinois	II
*14 Project KIDS-St. Joseph's Hospital and Medical Ce Dickinson, North Dakota	enter II
15. Rural Infant Education Program Norris City, Illinois	IV
W.A.D.E.	
 Bushnell-Prairie City Pre-School Bushnell, Illinois 	IV



Table 6 (continued)

Site	Level of	Involvement
W.A.D.E. (continued)		
2. Colchester Pre-School Colchester, Illinois		IV
Core Curriculum		
*1. Zanesville Public Schools - Low Incidence Program Zanesville, Ohio	r	II' (
ADAPTED SITES		

- Vermilion Mental Health and Development Center Danville, Illinois
- 2. Nanon Wood Center 0-3 Effingham, Illinois



^{*} New Sites - 1983-84

Questionnaire" completed by these individuals attests to the effectiveness of this procedure. A summary of these questionnaires can be found in Appencix C.

Contact is maintained on an informal basis with previously established adoption sites. Phone calls, inclusion on the newsletter mailing list, and special invitation to Project-sponsored events are all means of maintaining this contact. Sites using the Core Curriculum were invited to a workshop held in February, 1984. A workshop on WADE held in June and a Sharing Center workshop conducted in August, 1984 were open to component sites as well as prospective sites.

The Outreach staff has begun to use key-trainers who are able to provide training on the Macomb Project in their respective location. A private special education consultant in Texas was trained on WADE and Sharing Centers and scheduled training for sites in her area for the fall of 1984. Negotiations with Idaho Outreach Project to provide Sharing Center training in the Western Tier states are ongoing. Training of the Idaho staff is scheduled for January, 1985. Several new Sharing Center sites may be established as the result of staff trained in Sharing Centers moving to new positions in other agencies, training fellow staff persons, and establishing centers.

Continuation Sites. The Macomb 0-3 Regional Project has had two continuation sites secured during the third model demonstration year in 1978. In McDonough County, the 0-3 Project is housed in the McDonough County Rehabilitation Center (MCRS), while in Fulton County, the Project is housed in the Fulton County Rehabilitation Center. Table 7 provides descriptions of the resources at these sites.

Continuation sites regularly are involved with the Outreach staff in the following activities: training and consultation in model utilization, techniques of working with handicapped children and their parents, and product development and dissemination, as well as other topics needed by the sites' staff members. Regularly scheduled site staff meetings are held in the Outreach office. Sample minutes from these meetings are contained in Appendix B. Data on child gain, parent and staff satisfaction, satisfaction with Outreach services, and CDS (Child Development Specialist) Competencies are maintained.

The MCRC is located in Macomb and serves residents of McDonough County in a 12 month program which currently serves 27 handicapped or developmentally delayed children. The full-time CDS at the MCRC is Cathy (Hommel) Cunningham who has been with the Project since the beginning of the model development phase. In 1975 she was a graduate assistant for one of the directors. In June, 1981 she received her M.S. degree in Education. Ms. Cunningham has received a broad range of unique training activities since starting her work and is indeed a highly qualified, skilled professional in working with both families and very young handicapped children. Her co-worker is Marilyn Peterson, who has an M.S. degree in Elementary Education and has worked with the program for the past three years. They are assisted by Mary Jane Frederich, a half-time aide, who holds a B.S. degree in psychology.

The Fulton County Rehabilitation Center is logited in Canton and serves 23 handicapped or developmentally delayed children in their 12 month 0-3 program. In July, 1984 Cathy Coker, the CDS at that site, left her position.



Table 7. Macomb 0-3 Direct Service Continuation Site Resources, 10/1/83 - 9/30/84

Site	Amount of Funding	Source of Funding	Number of Children & Families Served	Number of Staff	Qualifications of Staff	Location of Physical Facility
McDonough County Rehabilitation Center Director: Jim Starnes	\$45,000	Illinois Department of Mental Health Developmental Dis- abilities Title XX County Tax funds (708) Other fees and donations	Total served since begin- ning 1978-1982: 187 New Cases 10/83-9/84 18	2.25 FTE	M.S., Early Childhood Physical Therapist (R.P.T.) Consultan OT - Consultant M.S. Ed Foundation Elementary Educati B.S., Psychology	t
Fulton County Rehabilitation Center Director: Judith Jones	\$30,000	Illinois Department of Mental Health Developmental Dis- abilities Fulton County Board for the Handicapped	Total served since begin-ning 1978-1982: 135 New Cases in 10/83-9/84 31	2.50 FTE	B.S., Early Childhood B.S., Child and Family	500 N. Main Street Canton, Illinois

In August a new CDS, Cindy Scamardo, was hired to fill that position. Cindy has a B.S. degree in Early Childhood. An increase in the budget for 0-3 at that site permitted the hiring of Brenda Britt as a second full-time CDS in Fulton County. Brenda has a B.S. degree in Child and Family Life and began work in September, 1984. Training sessions for both of these new CDS's on the Macomb model were held in the fall of 1984. The two CDS's in Fulton County are assisted by a half-time aide, Jen Sender, who is employed by the Green Thumb organization.

Training Accomplishments

Training sessions conducted by the Outreach staff continue to be in response to local, regional, state and national requests for training. Workshops on a variety of topics have been conducted at conferences upon request by state level personnel, for university classes, at replication sites and at the Project sites. Workshop topics and materials are constantly being revised and refined to better meet the needs of the audience.

Personnel attending training sessions during 1983-84 included parent/infant educators, preschool handicapped teachers, day care and Headstart personnel, nurses, students, and other support professionals and paraprofessionals. Project sponsored workshops, conferences and in-services provided training in specific topics in the field of Early Childhood Handicapped Education.

During the summer, a workshop was conducted by the Macomb Project and Project RHISB of Rockford. In the 1983-84 proposal we had planned on offering a graduate, three semester credit course at Rockford. However, Northern Illinois University would not agree to Western conducting a course for college credit in Rockford even though the demand was there. The resulting noncredit workshop was conducted at Children's Development Center in Rockford and participants included Child Development Specialists and related personnel working in 0-3 programs in North Central Illinois. The agenda is found in Appendix B and evaluation data is included in summary form in Appendix C.

As in the past, one of the major training efforts undertaken by the Outreach staff was the monthly 0-3 Consortium Meetings for Region 1B Developmental Disabilities Programs in Illinois. Monthly training sessions were conducted in conjunction with the Peoria 0-3 Outreach Project for an average of 14 parent and infant educators from 20 programs. Training topics for each month were chosen in part by participants t the beginning of the year. Seven of these meetings were held in 1983-84. Summary evaluation data are in Appendix C.

Project staff also planned and co-sponsured the "Third Illinois Birth to Three Symposium" in Peoria, Illinois May 17-18, 1984 with Project RHISE and the Peoria 0-3 Project. The Project has also been active in Rural Network and INTERACT Conferences. Figure 5 contains comprehensive information on the various types of staff development/training conducted by the Outreach staff with documentation in the appropriate appendices.

The Outreach Trainer assisted Project ACTT (housed at WIU) staff in using the Macomb 0-3 Core Curriculum is their microcomputer curriculum for young



Objective: 4.0 Provide training to young handicapped o	early chil hildren and	dhood/special education personn their families.	el in topics related to working with
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.1 Conduct workshops for selected p	ersonnel.		Sample agenda in Appendix B.
-Workshop on "The Use of Assess- ment Instruments" at RAP/Headstart Conference, Galesburg, Illinois.	10/7/83	Headstart administrators, teachers, aides.	Evaluation summary included in Appendix C.
-Workshop on "Hearing Impaired" presented at 0-3 Regional Consortium Macomb, Illinois.	10/26/83	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files. Evaluation summary included in Appendix C.
-Session of the use of assess- ment Instruments, E1Ed 474G at Western Illinois University, Macomb, Illinois.	11/21/83	Block and early childhood students.	Documentation in Project files.
-Workshop on Macomb 0-3 Model at St. Charles, Missouri.	12/5-6/83	Administrators, direct service personnel, Associated Rehabilitation Services, St. Peters, Missouri.	Evaluation summary in Appendix C.
-Presentation to local parent group on "Hyperactivity."	1/12/84	Parents, teachers.	Documentation in Project files.
-Sponsored workshop on language development for 0-3 Regional Consortium, Macomb, Illinois.	1/25/84	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files. Evaluation summary in Appendix C.
-Core Çurriculum Training Work- sh(p at project site.	2/29/84	O-3 Replication/Continuation sites. Core Curriculum field test sites. Project ACTT staff	Documentation in Project files. Evaluation summary in Appendix C.

Figure 5: Activities accomplished for training objectives.

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Symposium.

-Workshop on Sharing Centers, Montana Symposium on Early Educataion and the Exceptional Child. 4/12/84

Administrators, direct service personnel, students

Documentation in Project files. Evaluation summary in Appendix C.

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Figure 5:	Activities	accomplished	for	training	objectives.	(continued)	j
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Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

4.1 Conduct workshops for selected personnel. (continued)

-Sharing Center/WADE Training at project site.

8/27 -29/84

Replication/Continuation site Documentation in Project files. Evaluation summary in Appendix C.

0-3 Consultant.

-Workshop on "Project ACTT" at 0-3 Regional Consortium at Macomb, Illinois.

9/11/84

Direct service personnel 0-3

Documentation in Project files.

Regional Consortium.

4.2 Refine and revise workshops developed on training staff to work sympathically/empathetically with families.

-Training packet in process on working sympathetically/empathi* cally with families.

11/84

Direct service personnel.

Documentation in Project files.

4.3 Co-sponsor a workshop, in conjunction with Project RHISE, for graduate credit from WIU in Rockford, Illinois.

-Infant Programming co-sponsored | 8/6-10/84 Direct service personnel, course with Project RHISE, Rockford, Illino's.

graduate students.

Syllabus in Appendix B.

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Figure 5:	Activities	accomplished	for	training	objectives.	(continued)
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Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

4.9

Joung Handreapped C	inituren and	i their tamilles.	
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.4 Co-sponsor regional and national	workshops.	·	
-Co-sponsored conference "Third Illinois Birth to Three Symposium along with Peoria 0-3 Outreach Project, Project RHISE Outreach, Illinois First Chance Consortium, and Illinois State Board of Education Peoria, Illinois.	5/17 - 18/84	Administrators, direct service personnel.	Documentation in project files. Evaluation summaries in Appendix C. Brochure_in Appendix B.
-Co-sponsored 0-3 Developmental Disabilities Regional Consortium.	10/83 - 9/84	Direct service personnel in Developmental Disabilities Region 1 B.	Evaluation summary in Appendix C. Documentation and evaluation in Project files.
-Participated in Rural Network and INTERACT Conferences.	3/29/84 4/11/84 5/10/84	Administrators, direct sev- vice personnel.	Evaluation summaries in Appendix C.
-Contributed 0-3 training materials as part of Governor's Develmental Disabilities Grant to be used as training materials by the State of Illinois.	8/84	O-3 administrators, direct	Documentation in Project files.

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handicapped children. Thr Core Curriculum is now an integral part of their work with your handicapped children.

National, Regional, State and Local Involvement Accomplishments

The Project has been involved with national, regional, state and local activities in coordination with other agencies during the past year. A complete listing of all these activities may be found in Figure 6.

On the local level the Project has continued to work with the local school district special education cooperative and interagency council, providing consultation, assisting with projects and sharing information. Direct service staff at continuation sites maintain follow-up information on the placement of children leaving their program into locally sponsored programs. The Project continued to work with the West Central Illinois Special Education Cooperative (WCISEC) in supervising their program evaluation. A special project this year was the Very Special Arts Festival sponsored in part by the National Committee on Arts for the Handicapped and the Illinois State Board of Education. Two of the Project staff served on the Executive Committee and were instrumental in organizing the restival which was open to handicapped persons from birth through adult from an 11 county West Central Illinois area. The brochure is found in Appendix B.

Regional activities included participation in the North Central Illinois
Regional Perinatal Consortium and the Regional Developmental Follow-up Project
through St. Francis Hospital Neonatal Intensive Care Unit. The Project
continued to co-sponsor the 0-3 Regional Consortium for service providers in
Developmental Disabilities Region 1B. Monthly inservices were held throughout the
year. Extensive involvement with Headstart has included being involved in
local assessment teams and providing workshops at RAP Conferences. Evaluation
summaries are found in Appendix C.

Activities with state level agencies have been numerous. Staff members have actively participated in the Illinois First Chance Consortium. The Project Director was again co-chairperson and the Project Coordinator was again secretary. As leaders in the Illinois First Chance Consortium, staff have worked closely with State Board on analysis of the effects of the proposed birth mandates.

The Project personnel continue to maintain a close working relationship with Ms. Lynn Moore, Early Education Specialist with the Illinois State Board of Education. Informal consultation with Ms. Moore on such topics as the 0-3 mandate in Illinois and certification requirements for 0-3 personnel have taken place throughout the year. The Project Director was invited and participated in a SIG planning meeting with the State Board and leaders in Illinois in the Spring of 1984.

A major effort by the Project Director this year has been to conduct a study of the State of the Art of Birth to Three Programs in Illinois. This separate, but closely related, project was funded by a one year grant from the Illinois Governor's Planning Council on Developmental Disabilities from October, 1983 to Jeptember, 1984. The final report of this project is in process and targeted for January, 1985. As a result of this grant the Outreach: Macomb



	Figure 5: Activities accomplished for local, state, regional and federal interagency cooperation.								
	Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.								
	ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS					
,	5.1 Plan and participate in co-opera	tive local	agency activities.	•					
	-Prepared developmental checklist (Birth to Three) for Project PEP, McDonough County Schools.	83/84 school year	Parents 0-5 children in Mc- Donough County.	Documentation in Project file. Checklist in Appendix D.					
	-Participated in monthly McDonough County Interagency Council meet- ings; hosted one meeting.	10/83 - 9/84	Staff from local service	Sample minutes in Appendix B.					
	-Presented information to local mothers' study group or hyperactiveity.	1/12/84	Mothers of young children.	Documentation in Project files. Evaluation summary in Appendix C.					
	-Consulted with Wanda Black, pre-school consultant with Wast Central Illanois Special Education Cooperative on program evaluation.	3/22/84	WCISEC parents and/teachers.	Documentation in Project files.					
	-Presented a project awareness program for Spoon River College child development class, Macomb, Illinois.	6/27/84	Child development students.	Evaluation summary in Appendix C.					
	-Served on Executive Committee for the Very Special Arts Festival sponsored by the National Committee/Arts for the Handicapped and the Sillinois State Board of Education in Macomb, Illinois.	7/84 - 10/84	Special education students, teachers, parents, birth to adult.	Documentation in Project files.					

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,	Figure 6: Activities accomplished f	or local, s	state, regional and federal inte	ragency cooperation. (continued)					
ation	Objective: 5.0 Ccoperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.								
Cooperation	ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS					
	5.2 Plan and participate in cooperative regional activities.								
Interagency	-Conducted workshop on "Use of Assessment Instruments and Tech-niques at RAP/Headstart Mainstreaming Conference, Springfield, Illinois.	3/2/84	Headstart teachers, directors, aides.	Evaluation in Project files. Evaluation summary in Appendix C.					
	-Participated in North Central Illinois Regional Perinatal Consartium.	3/83 - 2/84	0-3 service providers, regional physicians and nurses.	Documentation in Project files.					
	.Hosted meeting.	11/5/83	·						
	-Participated in Regional Deve- lopmental Follow-up Project.	8/83 - 2/84	0-3 service providers, region- al physicians and nurses.	Documentation in Project files.	• ·				
€	-Conducted child development training sessions as part of a local assessment team for Head-start.	83/84	Headstart teachers.	Documentation in Project files.					
89	-Co-sponsored O-3 Regional Consortium meetings; presented information in co-operation with ceoria O-3.	10/26/83 11/30/83 1/25/84 2/24/84 4/3/84 6/12/84 9/11/84	Direct service personnel in Developmental Disabilities Region IB.	Documentation and evaluation in Project files. Evaluation summary in Appendix C.	· · · · · · · · · · · · · · · · · · ·				
	-Co-sponsored infant programing class with Project RHISE, Rockford through WIU at Rockford, Illinois.	8/6-10/84	Direct service personnel, graduate students.	Syllabus in Appendix B.					

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Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

5.3 Plan and participate in cooperative state activities.

-Awarded grant by Governor's Planning Council on Developmental Disabilities to conduct study on State of the Art of Birth to Three Programs in Illinois.

10/83 -9/84 State policy makers/administrators, 0-3 program administrators. Documentation in Project files.

.Hosted Advisory Council meet- 8/7/84 ing.

.Final report in process. Target date, 1/85.

.Contributed 0-3 training materials to be used as training materials for the State of Illinois.

-Participated in a meeting of the Higher Education Advisory Committee and presented information on 0-3 services currently available in Illinois and reviewed CDS competencies at Concordia College, River Forest, Illinois.

3/9/84 Higher Education Advisory Committee Members.

Documentation in Project files. Agenda in Appendix B.

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-Participated in HEAC meeting, served on panel to discuss standards for 0-3 workers.

5/18/84

Higher Education Advisory Committee Members.

Documentation in Project files.

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ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION/EVALUATION RESULTS

5.3 Plan and participate in cooperative state activities. (continued)

-Participated in the First Chance Consortium Activities.

.Served as co-chair person, First Chance Consortium.	10/83 - 12/84
Served as Secretary.	10/83 - 12/84
.Meetings.	12/13/84 2/29/84 3/31/84 5/16/84
*	5/29/84
.0-3 Fact sheet.	2/84 -

-Developed and disseminated Spring Illinois Division of Early Copy in Project file office. Spring newsletter. Childhood (CEC) members.

-Disseminated Illinois First Chance Directory.

10/83 -

1984

State level personnel.

Requests in Project files.

-Planned and co-sponsored infant 3/83 symposium.

State 0-3 servive providers administrators and parents.

trators and service providers.

Brochure in Appendix B. Documentation in files.

Decision-makers, 0-3 adminis- Draft form in Project files.

5.4 Plan and participate in cooperative national activities.

-Participated in HCEEP/DEC Washington, D. C.

12/12 -15/84 Administrators, direct service personnel.

Documentation in Project files.

Objective: 5.0 Cooperate and part related to service:	s for young	handicapped children.	
ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.4 Plan and participate in cooperate	tive natior	nal activities. (continued)	
-Participated in INTERACT activities.		Early intervention personnel.	
Planning Committee for INTER-ACT Conference.	3/30/84	Administrators, direct ser- vice personnel.	Documentation in Project files.
.Presentation at INTERACT Con- ference.	3/29 - 31/84	Administrators, direct ser- vice personnel.	Agenda in Appendix B.
-Participated in HCEEP Rural Network activities.		Rural 0-3 personnel.	Sample agenda in Appendix B.
.Served as Rural Network Board Member. $^{\downarrow}$	83/84	Rural First Chance Project personnel.	Documentation in Project files.
.Presentation at Montana Symposium.	4/11,′84	Administrators, direct ser- vice personnel.	, , , , , , , , , , , , , , , , , , ,
.Presentation at Rural Network Appalachian Workshop of "Programming for Infants in Early Intervention Programs" in Kingsport, Tennessee.	5/10/84 /	Administrators, direct ser- vice personnel.	Evaluation in Project files. Evaluation summary in Appendix C.
Development and distribution of rural monographs.	10/83 - 9/84	Administrators, direct ser- vice personnel.	Documentation in Project files.
.Meetings	12/83	Rural First Chance Project	

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CTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION /EVALUATION DECULTS
,	DATE .	TARGET NODIENCE	DOCUMENTATION/EVALUATION RESULTS
. Plan and participate in cooperat	ive natio	nal activities. (continued)	
-Presented workshop at CEC Annual onference, Washington, D.C.	4/26/84	Administrators, direct service personnel, students.	Evaluation in Project files. Evaluation summary in Appendix C.
-Participated in SEA Comsortium -3 Quality Practices Planning roup Meeting.	8/1/84	State education administra- tors.	Documentation in Project files.
-Provided workshops for Resource cess Projects (RAP).		Headstart administrators, teachers, aides.	Evaluation summary in Appendix C.
.Workshop on assessment, Galesburg, Illinois.	10/7/83		α ' '
.Workshop on assessment, Springfield, Illinois,	3/2/84		
5 Serve on committees and boards a	sinvited	and as such services meet Proje	ect's assumptions and goals.
-Served on Planning Committee or INTERACT conference.	3/30/84	Administrators, direct ser- vice personnel.	Documentation in Project files.
-Served on Executive Committee or the Very Special Arts Festival.	7/84 - 9/84	Special education students, students, teachers, parents.	Documentation in Project files. Brochure in Appendix B.

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0-3 Project training materials on Sharing Centers will be ited as training materials by the State of Illinois. Data from this study has been provided to the Illinois Maternal/Child Health Organization.

Cooperation between the Outreach: Macomb 0-3 Project, Project RHISE, Peoria 0-3 Outreach Project, the Illinois First Chance Consortium and the Illinois State Board of Education again resulted in the Illinois Birth to Three Symposium held in Peoria May 17-18, 1984. Other coordinated activities with state agencies including the Higher Education Advisory Committee and Illinois DEC Chapter are detailed in Figure 6.

The Outreach Project has also been active in cooperating in activities with other agencies on a national level. Extensive involvement with INTERACT, the HCEEP Rural Network and the Resource Access Projects has resulted in serving on national boards, planning and participating in conferences and training workshops across the country, developing and distributing rural monographs, and planning national conferences. The Project Director is working closely with the SEA Consortium in their planning for state planning grants. A detailing list of these activities is included in Figure 6.

The Project Director has also served as a field reviewer for Early Intervention Research Institute during its first two years of work. She attended a meeting of EIRI during the HCEEP/DEC meeting in December, 1983.

Consultant Services Accomplishments

Consultant services requested from and provided by the staff of the Outreach Project ranged from consultation about individual children to information about interagency cooperation, funding, proposal writing, program evaluation and community awareness. Responses to many of the requests for information detailed in Figure 1 and Table 2 could be considered consultative activities. Consultation is provided informally on a continuing basis to continuation and replication site personnel and state agency personnel.

This year the Project Director was requested to be a Comprehensive Program Reviewer for TADS. As such she conducted program reviews for three HCEEP Demonstration Projects in Illinois and Indiana: Project IN-DEEP, Bloomington, Indiana; Project LETS, Chicago, Illinois; and The Chicago Intervention Project, Chicago, Illinois. Also, as a consultatnt for TADS, the Director works with the Washington County Children's Program, Machias, Maine on program evaluation.

Other comprehensive consultations on a variety of topics including staff accountability, funding sources and program evaluation were provided to personnel from agencies and state departments. A detailed listing of these and other consultant services is included in Figure 7. The Montana State Department requested the Project Director provide consultation on developing a Staff Activities Accountability Program (SAAP) for use in Montana. Further information on the Macomb SAAP is found in Appendix D. Consultation on program evaluation was also provided to the Progress Resource Center, Decatur, Illinois. Consultation was done with staff from the Associated Rehabilitative Services in St. Charles, Missouri on obtaining funding and on community awareness. Agendas are in Appendix B and evaluation summary data are in Appendix C.



Objective: 6.0 Provide consultative and other services to early childhood/special education programs. **ACTIVITY** DATE TARGET AUDIENCE DOCUMENTATION 6.1 Provide consultative and other services related to programs for young handicapped children. -Provided, consultation on Pro-8/14 -Staff of Washington County Documentation in Project files. gram Evaluation to Washington 17/84 Children's Program. County Children's Program, Machias, Maine. -Presented information for new 11/7 -New demonstration projects. Documentation in Project files. demonstration project directors 10/83 at TADS conferences--HCEEP Orientation Workshop, Washington, D. C. -Attended training workshop spon-11/30 -CPR consultants. Documentation in Project files. sored by TADS for Comprehensive 12/2/83 Program Reviewers. -Provided consultation to HCEEP Documentation in Project files. Projects as Comprehensive Program Reviewer. .Herbert Reth, Project IN-3/22 -IN-DEEP Project staff. Documentation in Project files. DEEP, Bloomington, Indiana. 23/84 .Arnold Sameroff, The Chicago The Chicago Intervention Pro- Documentation in Project files. 3/26 -Intervention Project, Chicago, 27/84 iect staff. IVinois. -.Diane Pien, Project LETS, 4/5-6/84 Project LETS staff. Chicago, Illinois. -Provided ongoing consultation 10/83 -Administrators, direct ser-Documentation in Project files. to person who requested it by 9/84 vice personnel, students, letter, phone or personal contact. parents, legislators, state level personnel.

Figure 7: Activities accomplished for consultative services objective.

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Figure 7:	Activities accomplished for consultative services objective.	(continued)	•	
AL				

Provide consultative and other services to early childhood/special education programs.

ACTIVITY

DATE

TARGET AUDIENCE

DOCUMENTATION

6.2 Provide consultative and other services related to the Macomb 0-3 Model.

-Provided consultation and aware- ~3/12/84 ness session to Progress Resource Center, Decatur, Illinois.

Progress Resource Center staff.

Evaluation in Project files. Evaluation summary in Appendix C. Agenda in Appendix B.

-Provided consultation of SAAP to State Implementation Grant Personnel, Missoula, Montana.

4/9 -10/84 State level personnel.

Evaluation in Project files.

-Provided consultation on funding and beginning 0-3 program, Associatied Rehabilitative Services, Inc., St. Charles, Missouri.

12/5 -6/84 Associated Rehabilitative Services, Inc., staff.

Agenda in Appendix B.

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Evaluation Accomplishments

Again this past year major emphasis was placed on the evaluation of Outreach activities. Evaluation procedures outlined in Figure 21 of the Outreach Proposal dated February, 1984 have been adhered to closely. Time and budget constraints have necessitated follow-up evaluation of adoption sites be conducted by phone or mail. New forms were developed and existing evaluation materials were revised as indicated by need. A detailed list of evaluation activities is contained in Figure 8 with sample copies of evaluation forms in the appropriate appendices.

Child gain scores on the Alpern-Boll and the REEL and parent satisfaction data are maintained at the continuation sites and model adoption sites on a schedule similar to that used during the model demonstration period. Child gain scores from the continuation sites are currently being analyzed by Dr. John Irwin of Lexington, Kentucky. A proposal for renewal of JDRP-approval will be submitted. A sample of the child gain analysis from a previous year is contained in the Outreach Application, February, 1984. A sample summary of the parent satisfaction data can be found in Appendix C.

An important addition to evaluation procedures this year was the development of the Model Fidelity Profile. The profile is used to 1) provide specific information about each of the Macomb Model Components to administrators and educators at agencies interested in adopting the model or model components, 2) provide a framework to asses the current status of an already existing program that is adopting Macomb Model Components in order to pinpoint areas where training and technical assistance are needed for replication purposes, and 3) assess a site's progress toward adoption/replication over time through program review and evaluation. It is currently being used in evaluation/follow-up for replication sites. The Model Fidelity form is found in Appendix D.

Another major revision was in the CDS Competencies. These competencies were revised and expanded to include competencies rated by 0-3 direct service personnel as being the most important. A copy of these competencies is included in Appendix D.

Project Administration

Outreach Staff

The following staff positions were filled for the sixth year of Outreach:

Project Director - Patricia Hutinger, Ed.D.
Project Coordinator - Bonnie Smith-Dickson, M.A.
Training Coordinate - Sue Marshall, B.S.
Evaluator/Trainer - Mary Strode, M.S.
Secretary - Lori Boyer

Brief job descriptions may be found in the Outreach Proposal dated February, 1984. Vitae for staff are found in Appendix F.



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Figure 8: Evaluation and Monitoring Procedures for All Outreach Activities.

ACTIVITY	DATE.	TARGET AUDIENCE
Implement all evaluation procedures	for Outrea	ch activities.
-Implemented evaluation procedures for all Outreach activities (as outlined in Figure 21Out-	10/83 - 9/84	Administrators and direct service personnel attending presentations and workshops;

Documentation in Project files. Samples in Appendix D. Summaries in Appendix C.

DOCUMENTATION/EVALUATION RESULTS

Revise evaluation materials used in Outreach activities.

reach Proposal, February, 1984).

-Core curriculum evaluation.	. 9/84	Persons using Core Curric- ulum.	Form in Appendix C.
-Site satisfaction with Outreach form.	9/84	Continuation/replication site staff.	Form in Appendix C.
-Child Development Specialist Competencies.	9/84	Site staff, Outreach staff.	Competencies in Appendix D.
-Staff Activities Accountability Program (SAAP).	3/84	Site staff, Outreach staff.	Program and sample printout in Appendix C.

products.

replication and continuation

· site staff, purchasers of

Develop new materials to be used to evaluate Outreach activities.

-Model fidelity		9/84	Site/Outreach staff.	Profile	in Appendix D.
-Follow-up evaluation:	WADE	8/84	Site staff/parents.	Form in	Appendix D.

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Site staff.

Revise evaluation procedures used in Outreach activities.

-Development of model fidelity checklist to evaluate adoption sites fidelity to model.

9/84

Site staff, Outreach staff.

Profile in Appendix D.

-Program evaluation packet.

To be completed 11/84

Documentation in Project files

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Advisory Council Changes in Project Plan Summary

All Project staff have had previous experience working with the Outreach: Macomb 0-3 Regional Project. The Evaluator/Trainer who joined the staff in January, 1984 had previously worked with the Project from 1978 to 1981. All staff members have had the opportunity to engage in staff development and training activities in the form of seminars, workshops and conferences. In addition to the conferences listed in Figure 9, staff members have had numerous opportunities to attend other sessions at conferences and workshops at which they were presenting.

Advisory Council

The Advisory Council is made up of eight members whose function is advisory in nature rather than policy-making. Members are advocates for the Project and serve on task forces as needed. Membership currently includes Patricia Hutinger, Project Director; Michael Lewis, Administrator of Warren Achievement School, Monmouth, Illinois; Winona Malpass, interested community member possessing an advanced degree, nurse's training and prior experience in special education; James Starnes, Director of the McDonough County Rehabilitation Center, Macomb, Illinois (also a continuation site); William Hayden, Pediatrician at St. Francis Neonatal High Risk Nursery, Peoria, Illinois; Donald Troyer, Chairperson of the Department of Elementary Education, Western Illinois University; Kathy Grove, parent; and Ronald Hage, Director of the West Central Illinois Special Education Cooperative. Besides regular meetings, informal contacts with individual advisory council members are made frequently throughout the year.

<u>Changes in Project Plans</u>

A letter outlining changes in personnel for the 1983-84 year was forwarded to Linda Herrick August 9, 1984. Approval was received August 27, 1984. Permission for a no-cost time extension to use remaining funds for product development was sent to Linda Kinney August 8, 1984. The request was approved August 27, 1984.

Summary

Numerous requests for awareness, staff development, training and dissemination activities continued to be answered by Project staff. Project activities continue to focus on services for handicapped infants from 0-3 years and their families in a rural setting with the Macomb Model being maintained in light of new trends in the field. Development of CORE, the microcomputer program for use with the Macomb 0-3 Core Curriculum, is one example of the efforts made by the Project to meet the demands of the constantly changing field of early childhood intervention. The quality time commitment to adoption sites and the extensive work in training of others demonstrates the continued need for the Project's services in the area of staff development and site stimulation and training. Cooperative efforts to provide services for young handicapped children at the national, regional, state and local level have continued through the involvement of the Project staff with the HCEEP Rural



Figure 5. Professional growth and staff development.

Ħ	DATE	CONSULTATION/WORKSHOP	LOCATION	STAFF ATTENDING	
Development	11/13-15/83	Workshop with David Shearer on marketing.	WIU campus	, 4	5
	11/16/83	Consultation on High Risk Follow-up.	St. Francis Hospital, Peoria, Illinois	2	
Staff	6/26/84	Advertising seminar with Ted Price, Media Marketing Consultant.	WIU campus	1 .	•
	6/28-29/84	Consultation with Dale Gentry on program evaluation.	WIU capmus	4	•
	8/30-31/84	Consultation with Tom Scheid on marketing strategies.	WIU campus	4	
	DATE	CONFERENCES ATTENDED AS PRESENTERS	LOCATION	STAFF ATTENDING	
	12/12-15/83	HCEEP Conference	Washington, D. C.	3	
¥	3/30/84	INTERACT Conference	Kansas (ity, Missouri	2	:
	4/11/84	Montana Symposium	Billings, Montana	1	
• 4	4/11/84	CEC National Convention	Washington, D. C.	2	
()	5/17-18/84	Third Illinois Birth to Three Symposium	Peoria, Illinois	. 4	111
			r g		



Network, INTERACT, the Illinois First Chance Consortium and the 0-3 Regional Consortium. Involvement with state policy makers through HEAC, the SEA Consortium, the State Board's mandate study, and the State of the Art 0-3 Study in Illinois has greatly increased.

Evaluation of Outreach services indicates overwhelming satisfaction with the staff's expertise and provision of awareness presentations, workshops, training, consultation and product dissemination. Project staff continues to make progress in providing services to programs for young handicapped children and their families in the most cost effective and efficient manner.

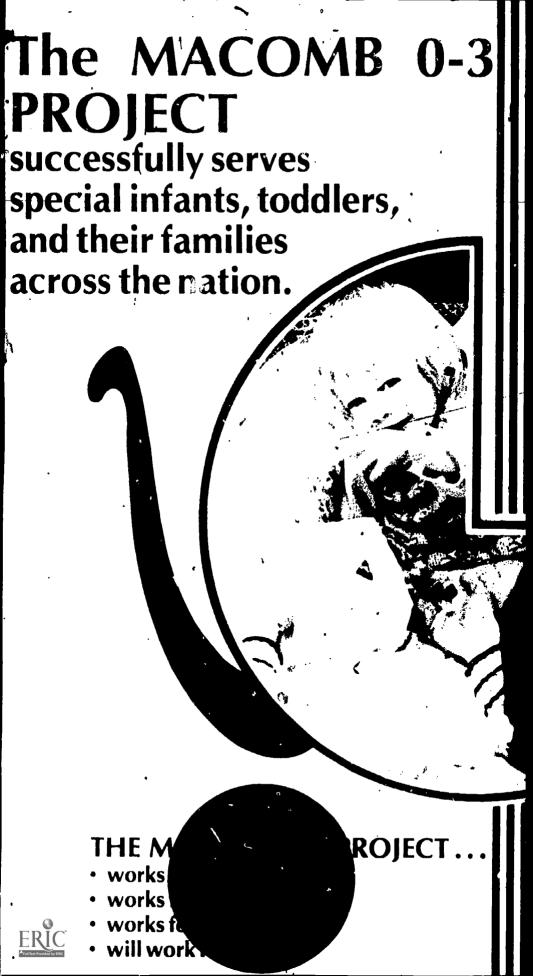


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Appendix A: Product Development:
Sample New Dissemination
Materials

Macomb 0-3 Project Brochures
Training and Product Flyers
Newsletter

BEST COPY AVAILABLE



THE MACOMB 0-3 PROJECT...

- was carefully developed and implemented in a rural area of Il-
- · has a history of success in rural areas across the country.

WHAT WE'RE ALL ABOUT

The Macomb 0-3 Service Delivery Model

In 1975 the Macomb 0-3 Project received federal funding from the Handicapped Children's Early Education Program for a three year model project that would provide home-based services to handicapped young children and their families in rural West Central Illinois. The model project was housed in the Collège of Education at Western Illinois University.

The Outreach: Macomb 0-3 Project

Since 1978, the Outreach: Macomb 0-3 Project has trained others to adopt the Macomb 0-3 Model for serving children and their families. It has also provided consultation and other outreach services to 0-3 personnel. Continuation sites at the McDonough County Rehabilitation Center in Macomb and the Fulton County Rehabilitation Center, Inc. in Canton have taken over the services provided by the Macomb Project in its model development phase. In cight years we have served 383 children and their families in McDonough and Fulton Counties.

What Our Families say About us...

"I am learning how to work with my child and make it fun."

"If the program wasn't around, I'm afraid my daughter wouldn't know how to do the things that the 0-3 program has helped me to teach her, that I didn't know how to teach or even that she had to learn."

Only the parents of a handicapped child could understand the phenomenal support of the program."

"Without the knowledge and skills we have been taught, I would hate to think where our child would be at this point,"

"After dealing with numerous professionals, doctors, agencies, a l services, it is a tremendous aid to have a program we call RICine"."

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MACOMB 0-3 MODEL

It Works!

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t'≰ite for

and per

e**d** at no

In rural areas where:

- · Distances are great.
- Resources may be scarce.
- A wide range of handicapping conditions exist, but incidences vary.
- People like to solve their own problems.

ItWorks For Us

- ≱ JDRP-approval
- Expanded local funding

It Works For Others

 In a five year period, adoption sites have and their families.

It Will Work for You!

If Works At "Our House Or Yours" Our outreach trainer will covou choose, or your staff man training.

Either wa**y, t**he only **¢**x diem for our **train**er or **yó**u charge when a **site** adopt**≰t**l

You Are Fligib**ie for** Mod**él**/

- You are located in a get flow as and small cities.
- Your sponsoring agency,
 plementation of a home of the sponsories of the spon
- Your staff will have time follow-up activities.
- Your staff is committed to dures and philosophy.
- Your star will provide the the number of children served data collected using agreed-upon staff, and funding sources.
- Your sponsoring agency will sign an adoption which documents commitment to the Macomb D-3 Mg

What's In It For You?

- A tested, proven model you can adapt to your community
- A resource for your staff
- Ongoing interaction with Macomb 0-3 staff
- · Updates on information related to early intervention
- Consultation
- Follow-up evaluation of your program's progress
- Opportunity for involven ant in workshops and conferences

RIC a residual y EDC

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What Can Outreach Do For You?

The Outreach: Macomb 0-3 Project staff understand the challenges of providing services to young handicapped children and their families and can assist you in establishing a 0-3 program or in adding new approaches to your service delivery system.

Awareness

Our presentation on the Macomb 0-3 Model or specific components of the model famililarizes you with the benefits that can be gained by its use and our involvement with your staff.

Model Adoption

When you choose to adopt the JDRP-approved Macomb 0-3 (home visits, sharing centers, core curriculum, program evaluation, and transition), you receive training and assistance in implementing all components of the project in addition to follow-up services and on-going involvement with project staff.

Replication

As a model adoption site, you collect data on child progress. If your program can demonstrate child progress similar to that documented by the Macomb 0-3 Project for JDRP review, then you become a replication site.

Component Adoption

The Macomb 0-3 Model includes home visits, sharing centers, WADE, core curriculum, program evaluation, and transition components. When you choose to adopt one or more components of the model, you increase your available resources for providing services to children and their tamilies.

Products

You may purchase our Baby Buggy books and papers and the Macomb 0.3 Core Curriculum. Project slide/tapes may be rented. A catalog will be sent to you ac your request.

Program Consultation

We will work with you on an individual basis to address a specific need related to various areas of concern in program management, development, and evaluation.

Staff Development

We can expand your expertise in specific areas and enable you and your staffto gain new knowledge and completencies in areas which you select. We will provide training sessions which will better prepare you to address the needs of children and their families.

* If you would like more information on the Macomb 0-3 Model or ERIC model component adoption, or on the other Outreach services we offer, complete the closed form. ¶ ¶ ₱

BEST COPY AVAILABLE

REQUEST FOR INFORMATION Name/Position: Agency/School: Address: € **0**-3 Pro-If you want infor ject servi**ce**s listed b**el** Model a ces of**fe**red by o Macomb Tell us about your pr Return To: MACON 9 118

BEST COPY AVAILABLE

JDRP-Approved

The Macomb 0-3 Model is the only rural infant model validated by the Joint Dissemination Review Panel (JDRP) at the present time. This means that statistics indicate that the model makes a significant difference in the lives of handicapped children and their families.

Outreach: Macomb 0-3 Project Staff Offer You The Opportunity

To Adopt The Macomb Model

or Model Components

Training sessions are structured to Project staff and specifically design books and papers, slide/tapes, adopted by a site, staff time is pro

hing manual. Baby Buggy **odel** or components are

Macomb 0-3 Mo

Home Visits

Based **on e**xperien**ce** don'ts for planning, o cialists are trained to and development an

Core Curriculum

Training **explores** dev integral part of home taın goals in six major tion, and self-care.

Sharing Centers

A popular and effective me learning activities. Sharing school concept and are an idea

WADE (Water Activities for Developm)

Another form of sharing control WADE which are carried out in a swimming pool. paired children, but valuable to all.

Program Evaluation

Statt assist 0-3 program passing the designing an evaluation strategy to make individual program received an appropriate includes development of program and tion strategies and the target of accopriate audiences for demonstration a gram effectiveness.

Transition

Staff recommend effective programs and prescribe the programs and prescribe the programs and prescribe the programs are programs. o another. Includes transition procedures which must be planned and problems must be addressed.

staff discuss the gos and Child Development Spe-

features the Macomb 0-3

will promote child growth with their child.

"Breaker, Breaker—this is Baby Buggy. Do you copy?"

During the model development stage of the Macomb 0-3 Project, a lamboree camper was used to deliver services in West Central Illinois. "Baby Buggy" was the handle of the CB radio in the mobile unit. This handle led to the development of the Baby Buggy logo.

camper-type vehicle can be modified so that home visits and minisharing centers can be held inside. Although fairly expensive to operate, mobile units often are the solution to transportation problems in isolated rural areas.



Outreach: Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455

> Phone: 309/298-1634 SpecialNet: WILU

> > G008401203

Project Number: 024BH30052



Macomb



0-3

Baby Buggy News

Macomb, Illinois

Spring, 1984

THE MACOMB 0-3 PROJECT--XT WORKSIII

The Macomb 0-3 Project successfully serves special infants, toddlers, and their families across the nation.

The Macomb 0-3 Project, carefully developed and implemented in a rural area of Illinois, has a history of success in rural areas across the country.

** It Works!

In rural areas where:

- -Distances are great;
- -Resources may be scarce:
- -A wide range of handicapping conditions exist, but incidences vary; and
- -People like to solve their own problems.

** It Works for Us

- -JDRP-approval
- -Expanded local funding

** It Works for Others

-In a five year period, adopting sites have served close to 2500 children and their families.

WHAT OUR FAMILIES SAY ABOUT US

"I am learning how to work with my child and make it fun."

"If the program wasn't around, I'm afraid my daughter wouldn't know how to do the things that the 0-3 program has helped me to teach her, that I didn't know how to teach or even that she had to learn."

"Only the parents of a hendicapped child could understand the phenomenal support of the crogram."

"Without the knowledge and skills we have been taught, I would hate to think where our child would be at this point."

"After dealing with numerous professionals, doctors, agencies, and services, it is a tremendous aid to have a program we call 'home'."

"I like being able to help prepare as well as carry out activities; they have proven to be very beneficial to my child."

The Outreach: Macomb 0-3 Project

WHAT WE ARE ALL ABOUT

The Macomb 0-3 Project Service Delivery Model

In 1975 the Macomb O-3 Project received Handicapped Children's Early Education Program federal funding for three years as a model, project to provide home-based services to handicapped young children and their families who lived in rural West Central Illinois. The project was housed in the College of Education at Western Illinois University.

The Outreach: Macomb 0-3 Project

Since 1978, the Outreach: Macomb 0-3 Project has trained other people to adopt the Macomb 0-3 Model for serving children and families, and has provided consultation and other outreach services to 0-3 personnel.

Continuation sites at the McDonough County Rehabilitation Center in Macomb and the Fulton County Rehabilitation Center, Inc. in Canton serve the two counties that were served by the Macomb Project in its model development phase. In eight years we have served 383 children and their families in McDonough and Fuiton Counties.

OUTREACH: MACOMB 0-3 PROJECT STAFF

Director Patricia Hutinger
Materials Coordinator . . . Bonnie
Smith-Dickson
Training Coordinator . . Sue Marshall
Evaluator/Trainer Mary Strode
Programmer Scott Hutinger
Secretary Lori Lundgren

WHAT'S IN IT FOR YOU

- -A tested, proven model you can adapt to your community
 - -A resource for your staff
- -Ongoing interaction with outreach staff
- -Updates on information related to early intervention
 - -Consultation
- -Follow-up evaluation of your program's progress
- -Opportunity for involvement in workshops and conferences

JDRP-APPROVED

The Macomb 0-3 Model is the only rural infant model validated by the Dissemination Review Joint Panel (JDRP) at the present time. This means that based on statistical data, mode1 makes a significant the difference in the lives their handicapped children and tamilies.



Macomb 0-3 Model Components

OUTREACH: MACOMB 0-3 STAFF OFFER YOU
THE OPPORTUNITY TO ADOPT
THE MACOMB MODEL OR MODEL COMPONENTS

Training sessions are structured to meet your needs. Training features the Macomb 0-3 Project staff and specifically designed materials including a training manual, Baby Buggy Books and Papers, slide-tapes and videotapes. When the model or component(s) of the model are adopted by a site, staff time is provided at no charge.

MACOMB 0-3 MODEL COMPONENTS

Home Visits

Based on experience in serving families. rural Outreach staff the do's and don'ts for discuss planning, conducting, and evaluating visits. Ch11d Development Specialists (CDS's) are trained to work with parents on designed to promote child growth and development as well as to parents interact more effectively with their child.

Core Curriculum

Training explores developmental, Piagetian-based, functional curriculum which is an integral part of home visit planning and implementation. Activities are planned to obtain goals in six major areas: gross motor, fine motor, cognition, social, communication, and self-care.

Sharing Centers

A popular and effective means of bringing parents and children together to engage in enjoyable learning activities, sharing centers are based on the parent-cooperative nursery school concept and are an ideal strategy for combating rural isolation.

WADE (Water Activities for Developmental Enhancement)

Another form of sharing center, WADE is a program of child/family-oriented activities which are carried out in a swimming pool. Particularly effective with physically impaired children, but valuable to all.

Program Evaluation

Staff assist 0-3 program personnel design an evaluation strategy to meet their individual program needs. The component includes development of program evaluation strategies and the targeting of appropriate audiences for demonstration of program effectiveness.

Transition -

Staff recommend effective transition practices to establish strong linkages between 0-3 programs and preschool programs to ensure smooth progression from one program to another. Includes transition procedures which must be planned and problems that must be addressed.



Outreach Services

NHA? CAN OUTREACH DO FOR YOU?

The Outreach: Macomb 0-3 Project staff understand the challenges of providing services to young handicapped children and their families and can assist you in establishing a 0-3 program or in adding new approaches to your service delivery system.

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Our presentation on the Macomb 0-3 Model or specific components of the model familiarizes you with the benefits that can be gained by the use of our model and our involvement with your staff.

Model Adoption

When you choose to adopt the JDRP-approved Macomb 0-3 Model (Home Visits, Sharing Centers, Core Curriculum, Transition, and Program Evaluation), you receive training and assistance in implementing all components of the project in addition to follow-up services and on-going involvement with project staff.

Replication

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Component Adoption

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Program Consultation

We will work with you on an individual basis to address a specific need related to various areas of concern in program management, development and evaluation.

Staff Development

We can expand your expertise in specific areas which will enable you and your staff to gain new knowledge and competencies in areas which you select. We will provide training sessions which will better able you to address the needs of children and their families.





If you would like more information on the Macomb u-3 Nodel or model component adoption, or on the other Outreach services we offer complete the form below and return it to us at:

Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
.Western Illinois University
Macomb, IL §1455

Or, call us at:

309/298-1634

Or, contact us through SpecialNet (electronic bulletin board):

ID Name: WILU

REQUEST FOR INFORMATION

Name/Position:	
Agency/School:	
Address:	•
Phone:	•
•	he Outreach: Macomb 0-3 Project services
Awareness Presentation (descript components and the Outreach serv	ion of the Macomb 0-3 Model and/or vices offered by our staff)
Macomb 0-3 Model Adoption/Replic	ation
Model Component Adoption/Replica Home Visits Core Curriculum Sharing Centers	ition ^ NADE Program Evaluation Transition
Inservices or workshops on early	intervention topics has
Products	
**********	**************************************
Tell us about your program plan	
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Outreach: Macomb 0-3 Project 27 Horrabin Hall College of Education Western Illinois University Macomb, Illinois 61455



Adoption of the Macomb Model

You Are Eligible for Model/Component Adoption If . . .

-You are located in a geographic area that is basically rural, including towns and small cities.

-Your sponsoring agency will provide funding for establishment and , implementation of a home-based service delivery system.

-Your staff will have time available to participate in initial training and follow-up activities.

-Your staff is committed to implementing Macomb 0-3 program procedures and philosophy.

-Your staff will provide the Macomb 0-3 Project with documentation on the number of children served and handicapping conditions, child gain data collected using agreed-upon standardized instruments, number of staff and funding sources.

-Your sponsoring agency will sign an adoption/replication agreement which documents commitment to the Macomb 0-3 Model.

EARLY CHILDHOOD COMES BUT ONCE
IN A LIFETIME. . . LET'S MAKE IT COUNT!

It Will Work For You!

It Works at "Our House or Yours."

Our Outreach trainer will conduct training for your staff at your site if you choose or your staff may come to the Macomb 0-3 Project site for training.

Either way the only expenses involved are travel, lodging, and per diem for our trainer or your staff. Outreach staff time is provided at no charge when you adopt the model or model component(s).

"BREAKER, BREAKER . . . THIS IS BABY BUGGY.
DO YOU COPY?"

During model development of the Macomb 0-3 Project, a Jamboree camper was used to deliver services in West Central Illinois, "Baby Buggy" was the "handle" of the CB radio in the mobile unit; this handle led to the development of the Baby Buggy logo.

A camper-type vehicle can be modified so that home visits and mini-sharing centers can be held inside. Although fairly expensive to operate, mobile units often are the solution to transportation problems in isolated rural areas.

Macomb 0-3 Products

Baby Buggy Books

- #1 Have Wagon: Will Travel A guide to Sharing Centers for rural handicapped infants, toddlers, and their families. 122 pages. \$5.50 each.
- #2 Everything AND the Kitchen Sink Ideas for making toys from household items. 23 pages. \$4.00 each.
- #3 Your House or Ours A guide to conducting Home Visits with rural handicapped infants, toddlers, and their parents. 11 pages. \$1.50 each.
- 44 You Can Make It: You Can Do It A guide to creating toys and games for young children.
 134 pages. \$4.00 each.

Baby Buggy Papers

The complete set of "Baby Buggy Papers" produced by the staff of the Macomb 0-3 Project. Set: 265 pages. \$12.00 each.

Macomb 0-3 Core Curriculum

A functional curriculum designed for use with children who are functioning in the 0-36 month age range. Curricular areas include Gross Motor, Fine Motor, Cognition, Communication, Social, and Self Care. 3 Ring Binder, 596 pages. \$38.50 each.

Macomb 0-3 Core Curriculum Program Planning Guides

Additional packets of Program Planning Guides (one set included with Curriculum) to use in conjuction with Core Curriculum. 10 sets of Guides, 360 pages. \$15.00 each.

To order Macomb 0-3 products, send a purchase order, check, or money order payable to Western Illinois University Account #5-2591. For each Baby Buggy order include \$1.00 postage and handling. For each Curriculum order, include \$3.00 postage and handling. To order products or receive further descriptions, write to:

Outreach Macomb 0-3 Project 27 Horrabin Hall College of Education Western Illinois University Macomb, Illinois 61455

or call 309/298-1634. SpecialNet ID Name: WILU.



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A Rural Child-Parent Service

JDRP approved

MACOMB 0-3 PRODUCTS

Baby Buggy Books

- Have Wagon: Will Travel A guide to Sharing Centers for rural handicapped infants, toddlers, and their families. For professionals and parents interested in initiating, planning, and conducting Sharing Centers for handicapped infants and toddlers. Includes all necessary information...activities, snack ideas, supplier list, and background information...illustrations and pictures. 122 pagés. \$5.50 each.
- #2 Everything AND the Kitchen Sink Ideas for making toys from household items. Ideal for parents. Describes materials needed, how to make the toys, and the area and level of development to which the toy is geared. 23 pages. \$4.00 each.
- Your House or Ours A guide to conducting Home Visits with rural handicapped infants, toddlers, and their parents. Written for professionals, this illustrated booklet provides an overview of the Home Visit process. Includes sections on early intervention, staffing, procedures for referrals, and Home Visits. Highlights Home Visit preparation, planning, and evaluation. 11 pages. \$1.50 each.
- 44 You Can Make It: You Can Do It A guide to creating toys and games for young children. Book contains patterns for 90 items that can be easily made at home or school. Includes knitted, crocheted, and sewn toys, wooden toys and games, and toys made from household materials. 134 pages. \$5.00 each.

Baby Buggy Papers

The complete set of "Baby Buggy Papers" produced by the staff of the Macomb 0-3 Project. Over 30 individual papers including: "Activity Plans for Home Visits," "The Sharing Center Kit Concept," "Maintaining Communication and Coordination with the Medical Community," "Parents' Bibliography," and many more. Set: 265 pages. \$12,00 each.

Macomb 0-3 Core Curriculum

A functional curriculum designed for use with children who are functioning in the 0-36 month age range. Curricular areas include Gross Motor, Fine Motor, Cognition, Communication, Social, and Self Care. Skill areas with corresponding skill sequences, activity examples, references, and adaptations are provided for each curricular area. Curriculum includes information on curricular philosophy, development, target population, references, and use. Included in the package is one set of Program Planning Guides which list all goal areas and skill sequences used to place children within the curriculum areas and to monitor child progress. 3 Ring Binder, 596 pages. \$38.50 each.

Macomb 0-3 Core Curriculum Program Planning Guides

Additional packets of Program Planning Guides (one set included with Curriculum) to use in conjuction with Core Curriculum. 10 sets of Guides, 360 pages. \$17.00 each.



ORDER FORM Title Agency Phone Address Purchase Order Number Signature Date Number of Handicapped Children Served Your check or purchase order must accompany your order. All payments must be in U.S. funds. Materials shipped parcel post unless other arrangements are made. Please allow 3-4 weeks delivery. Prices subject to change without notice.

Products	<u>Ouantity</u>	Total
#1 Have Wagon: Will Travel \$5.50 each.		
#2 Everything AND the Kitchen Sink \$4.00 each.		
#3 Your House or Ours \$1.50 each.	·	
#4 You Can Make It: You Can Do It \$5.00 each		. ,
Baby Buggy Papers \$12.00 each.		
Macomb 0-3 Core Curriculum \$38.50 each		
Program Planning Guides (Pkg.of 10) \$17.00 each.		
Postage & Handling: \$1.00 for Baby Buggy Books and Papers \$3.00 for each Curriculum	Subtotal	
	Postage & Handling	
Please make check or purchase order payable to: WESTERN ILLINOIS UNIVERSITY ASSOURT # 5-2591	Total	

Please include me in future mailings (newsletters, workshop invitations, etc)

Distreach: Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455





JDRP approved

OUTREACH: Macomb 0-3 Regional Project

A Rural Child-Parent Service

MACOMB 0-3 PROJECT MODEL DESCRIPTION

The Macomb 0-3 Project model is a home-based delivery system for services to handicapped, delayed, or at-risk infants from ages birth to three years and their families who live in rural areas. It was first funded in 1975 as a demonstration project by the Bureau of Education for the Handicapped. In 1978, the Project received funding as an Outreach project and has received funding continuously since that time. When the project received funding for Outreach services, direct services for children were assumed by the project's two continuation sites, the McDonough County Rehabilitation Center, Macomb and the Fulton County Rehabilitation Center, Inc., Canton, Illinois which both serve as demonstration sites for training and observation. In June of 1980, the Joint Dissemination Review Panel approved the Project as an exemplary model, making it part of the National Diffusion Network. The Macomb Project is the only rural infant/project validated by JDRP, at the present time.

Project and Program Assumptions. The model operates on the basic assumption that the involvement, cooperation, and enthusiasm of the parent(s) or primary caretaker in Project activities is essential. A second assumption is that coordination, tooperation, and communication among the persons who work with the child and family are essential so that activities can be integrated and cross a variety of content differing needs and handicapping conditions. Eligibility for services is based on a noncategorical approach so that infants are not labeled with a specific handicap. A fourth assumption, related to the curricular approach used, is based on the belief that effective activities combine principles of child development, consistent application of Piagetian principals and specific strategies for dealing with various handicapping conditions.

Goals and Objectives. The major claims of effectiveness of the Macomb 0-3 Project are: (1) to provide an effective educational/remediation program for optimal development of handicapped infants in rural areas, and (2) to help parents who live in rural areas acquire skills and knowledge to become more effective in dealing with their child.

Children Served. The children range in age from birth to three years of age, and exhibit a variety of handicaps, including gross physical or motor handicaps, sensory impairment, marked intellectual lag, lack of age-appropriate speech and language development, and serious emotional problems. Multiple handicaps include Cerebral Palsy and Down Syndrome. Children who are classified as "high risk" are also served.

Program Services. Project components include Home Visits, Sharing Centers, WADE (Water / Activities for Developmental Enhancement), Program Evaluation, and Core Curriculum. Underlying the curricular activities is a developmental framework based on such Piagetian concepts of child development as child autonomy, independent exploration of materials, play activities, and social interactions. Necessary adaptations for treatment of various handicapping conditions and aspects of language and speech development and also included. Behavioral teaching concepts and techniques are used, when appropriate, with individual children.

Referrals, Screening, and Diagnosis. Referrals come from personnel in the medical community, Children and Family Services, Public Health and public schools, and from community citizens. Often times, CDS's conduct child find activities independently, or in conjunction with public school screening programs. The CDS contacts the family promptly upon receiving the referral and schedules a home visit to screen the child. Children are then screened using the Steps-Up screening instrument. A child who demonstrates little delay is served on a "monitor" basis, with the CDS observing him/her at Sharing Centers if the parents so desire. Families of those children showing significant delay are offered the opportunity to be enrolled in the Home Visit program.

Home Visits. Once the child is enrolled in the Home Visit program, procedures for ensuring medical stabilization of the child are arranged. Medical stabilization is considered to be a prerequisite to education and remediation. As part of the diagnostic service to the family, tecăniques for providing family support are also arranged. Comprehensive evaluations, such as speech and language evaluations, or physical therapy evaluations, are also arranged if available and warranted for the child.

Assessment and IEP. Within four-weeks after the child is accepted in the program, he/she begins a battery of three measures. The Alpern-Boll Developmental Profile an the Bzoch-League Receptive and Expressive Emergent Language Scale (REEL) are used to ascertain the child's developmental level; pre and post test scores are used to measure child progress during the six month intervention period. The Uzgiris-Hunt Scales of Cognitive Development are used to acertain the child's level of cognitive functioning, but not to yield a quantifiable age score.

four steps are involved in developing an individualized educational program for the child. First, the CDS observes the child and home environment, using an observational checklist for informal assessment of the child during the first two or three visits. Input from additional diagnostic evaluations is also used. Second, formal assessment measure: (Alpern-Boll, REEL, and Uzgiris-Hunt Scales) are administered by the CDS and results are used to confirm or reject observation and to demonstrate to the parent(s) the child's funct. Fing level in various areas of development. Third, parents' concerns for their child are assessed in informal interviews. It is assumed that meeting parent needs is of paramount importance for a child's satisfactory development. Fourth, after a minimum of four weeks of observation and interactions with the child and parent(s), bi-yearly goals and objectives for the child covering the assessed areas of needs are developed by the CDS and the parent(s) using the project's Core Curriculum. Activities for each home visit are planned using the goals and objectives in the individualized plan.

Home Visits. The CDS plans, conducts and evaluates home visits which take place on a weekly basis and are approximately one hour in length. During the home visit, the CDS demonstrates appropriate activities designed to facilitate goals and objectives. The parent(s) then demonstrate the activities with the child while the CDS observes and reinforces appropriate language and techniques. The CDS and parent(s) work together as a team in their work with the child. When the CDS operates in a transdisciplinary team, he/she models appropriate theraputic techniques recommended by other professionals for the parent(s) to observe and implement on their own.

Sharing Centers. In addition to home visits, parents participate in Sharing Centers which meet every two weeks or monthly in community buildings, churches, cooperative nursery school, and/or parents' homes. Sharing Centers, which evolved from the concept of a parent, function as a transition between home and center-based programs in addition to providing a form of mainstreaming, since "typical" children (siblings and invited participants) are involved in Sharing Centers.

The purpose of sharing centers are varied: they encourage ap ropriate parent/child play and interaction, provide opportunities for children living in rural areas to observe, imitate, learn, and interact with other children, enable adults living in rural areas to develop friendships and provide support to others with handicapped children and offer parenting education opportunities for adults. Parent study topics that can be incorporated into sharing centers include parent effectiveness training (PET), child management techniques, language development, nutrition, and topics suggested by the parents as important to address.

Core Curriculum. The Macomb 0-3 Core Curriculum, Third Edition underwent a vigorous revision process in 1983. Content is organized into the six major areas of child development: Gross Motor, Fine Motor, Cognition, Social, Communication, and Self Care. Each curricular area is divided into skill areas (goal statements) and then into skill sequences (objectives leading to the goal). Activity examples reflect the curriculum's functional approach; activities focus on daily routines, life situations, and play times. Adaptations and suggestions are included for children having visual auditory and/or motor impairments. Over eighty contemporary, well-known references were used in the revision process, including earlier editions of the Core Curriculum.

Program Evaluation

The Macomb 0-3 Rural Project Program Evaluation component includes child evaluation, parent evaluation, and staff evaluation. Several levels of evaluation can be used in any component, beginning with documentation (i.e., counting and tallying the number of times a particular event occurs), behavior changes (usually measured by an evaluative instrument), and attitude change (satisfaction with a particular aspect of a program).

Program evaluation results in the collection of data which can be used for assessing the impact of various procedures on the child, the family, and the community. Demonstration of change in behavior as a result of program participation provides a stronger data base for arguing the necessity of working with young handicapped children.

Evaluation procedures employed in child evaluation include standardized tests, observation, discussion with parents, and charting specific behaviors and the use of a parent satisfaction questionnaire. Project staff can be evaluated using a computerized Staff Activities Accountability Program (SAAP), a checklist of CDS Competencies, monthly family service summaries and a staff satisfaction questionnaire.



Outreach Services

As an Outreach project, the Macomb Project is primarily funded to provide training on the Macomb Model in its entirety or on separate model components. Training can be conducted for professionals who are interested in establishing an effective early intervention model program, or who want to expand already existing programs. Model components include Home Visits, Sharing Centers, WADE (Water Activities Developmental Enhancement), Core Curriculum and Program Evaluation. Training can be conducted at the Outreach site or at the adopting agency. Adopting agencies are in contact with the project or an on-going way.

Other services the Outreach staff can provide include:

- 1) Conducting awareness activities through presentations and workshops;
- 2) Developing and disseminating products such as printed materials and slide/tape productions;
- 3) Providing consultation and staff development on a wide variety of topics related to early intervention.

127/



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TRAINING: FULL MACOMB 0-3 MODEL ADOPTION

What is included?

Initial training designed to enable agencies to establish an effective home-based early intervention program based on the validated Macomb Model framework/procedures is available. Five days of intensive training sessions provide professionals with the skills and knowledge necessary to plan, implement, and evaluate Home Visits, Sharing Centers and/or WADE, Program Evaluation and the use of the Core Curriculum. The five days of training may take place in sequence or replication agencies can choose to implement the model in phases. For example, an agency may wish to receive training on Home Visit, Core Curriculum, and Program Evaluation components together initially, in order to establish those components before implementing the Sharing Center and/or WADE components. Content of the sessions would be similar in scope and content to that of individual component training.

What are the costs for training and follow-up?

Agencies replicating the Macomb Model or individual components assume the costs involved for travel, lodging, and per diem for one staff member conducting initial training, or, they assume costs for their staff to travel to Macomb to receive initial training. Training materials, and staff time are provided by the Macomb project. Follow-up evaluations/consultation can be conducted on site if desired; adopting agencies assume costs for Macomb staff travel, lodging and per diem costs for one staff member to travel to conduct follow-up. Follow-up evaluation can also be conducted through questionnaires completed by site staff and returned to the Project office or by phone. This can be negotiated when the replication agreement is discussed and signed by the agency and the Macomb 0-3 Project. Often times the costs can be assumed on behalf of the replication agency by a federal, state, or local source. As the Macomb 0-3 Project is part of the National Diffusion Network, State Facilitator Projects often times can provide funding for training. Macomb project staff can help agencies wishing to adopt the model/components investigate possible funding sources.

How do I make arrangements?

It's simple! Call up...and we'll discuss it.

Contact the Outreach staff of the...

Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
Patricia Hutinger, Ed.D., Director

309/298-1634

Or, contact us through SpecialNet. Our ID name is WILU.





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TRAINING: HOME VISITS

What is available?

Training on the Home Visit component of the Macomb 0-3 Project is designed to teach professionals how to plan and conduct successful home visits. Initial training on the Home Visit component can be accomplished in two and a half days. However, a five day intensive training session is offered to agencies wishing to replicate this effective model for working with children and their parents on a regular basis. Training can be conducted at your site or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy book #3, "Your House or Ours" and a Project Training Manual for each participant, also use of slide/tapes, videotape materials, and hands-on experiences with children and parents. Training content includes, but is not limited to use of appropriate assessment tools, programming/IEP development using the project's Core Curriculum, establishing a referral system, working with medical and other helping professionals, operating as a team with parents in planning, implementing and evaluating home visits, and evaluating program effectiveness.

Follow-up evaluation includes direct observation of home visits and ranking the visit(s) using a project developed observation checklist, or evaluation and ranking r videotaped home visits by Macomb project staff, program review based on a model fidelity checklist and ranking staff using CDS competency checklists.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at <u>no cost</u>. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

How do I make the arrangements?

It's simple! Call us ...and we'll discuss it. Contact the outreach staff of the....

Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
Patricia Hutinger, Ed.D., D.rector
309/298-1634





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TRAINING: SHARING CENTERS

What is available?

Training on the Sharing Center component of the Macomb 0-3 Project is designed to teach professionals how to set up and conduct successful sharing centers. An overview of the Sharing Center concept can be accomplished in about one day. However, a two-day intensive training session is offered to agencies wishing to replicate this effective concept for bringing parents and children together on a regular basis. Training can be conducted at your site or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy Book #1, "Have Wagon Will Travel" and a Sharing Center Training Manual for each participant; plus use of slide/tape and videotape materials. Training content includes development of a parent needs assessment, use of a planning guide to establish centers, development of appropriate environmental design and activities, planning and conducting parent study groups, ways to observe/evaluate parent child interaction, preparation of appropriate snacks, and evaluation of sharing centers.

On site follow-up evaluation includes direct observation of an operating sharing center, evaluation by Macomb staff, using a project-developed observation checklist and discussion of program strengths and needs with site staff. Follow-up evaluation can also be conducted by site staff or staff independent of the 0-3 program, by observing and rating the center and sharing evaluation information with the Macomb project, through completion of a follow-up questionnaire, or phone calls. Periodically site staff share information about their center for inclusion with the Sharing Center Newsletter, developed bi-yearly by the Macomb staff and distributed to all sites conducting centers.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at <u>no cost</u>. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

How do I make the arrangements?

It's simple! Call us...and we'll discuss it. Contact the outreach staff of the....

Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455 Patricia L. Hutinger, Ed.D., Director 309/298-1634





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OUTREACH: Macomb 0-3 Regional Project

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TRAINING: WADE (Water Activities for Developmental Enhancement)

What is available?

Training in the WADE (Water Activities for Developmental Enhancement) component of the Macomb 0-3 Project is designed to teach professionals how to set up and conduct a successful WADE experience for children. An overview of the WADE concept along with the hands on training with children can be accomplished in one day. Training can be conducted at your site, if your have a swimming facility available, or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy Paper #121, "WADE (Water Activities to Enhance Development for Handicapped and High Risk Infants)", along with other handouts designed to increase your awareness and effectiveness in implementing the WADE experience; plus use of a slide/tape and videotape materials.

Follow up evaluations involve direct observation and rating using a project-developed observation checklist, observation of a WADE videotape, and/or questionnaires completed by site staff or independent staff, or through phone calls.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

How do I make the arrangements?

It's simple! Call us ...and we'll discuss it. Contact the outreach staff of the....

Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455 Patricia Hutinger, Ed.D., Director 309/298-1634



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OUTREACH: Macomb 0-3 Regional Project

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TRAINING: CORE CURRICULUM

What is available?

Training on the Core Curriculum component of the Macomb 0-3 Project is designed to teach professionals how to use the Curriculum to develop individualized functional programs for children. An overview of curriculum philosophy, organization and content can be accomplished in one day. However, a two day, in-depth training session is offered as agencies that want to replicate the Curriculum component and systematically incorporate its use witin their program. Follow-up and consultation with Macomb staff are replication benefits.

What is included in training?

Outreach staff work in advance to design the specific training schedule and content of the sessions. Efforts are made to adapt the curriculum's use according to the agency's overall needs and procedural requirements. Core Curriculum manuals and Program Planning Guides are provided for use during training; a case study approach is used to give trainees "hands-on" experiences. Each replicating agency will be provided with a copy of the Curriculum. Additional copies may be purchased.

What is required of the replication agency?

Agencies that replicate the Curriculum component will be required to collect test data at regular intervals using an agreed upon standardized assessment instrument and provide that data to the Macomb 0-3 Project. Child and family confidentiality will be upheld. In addition, agencies must provide specific information about their agency periodically including: demographic information, personnel employed, number of children served and the nature of their handicapping conditions.

How much does it cost?

Replicating agencies are asked to assume costs incurred for travel, lodging, and per diem expenses for one staff member traveling to conduct on site training. Staff time is provided at no costs. Training sessions can be conducted at the Macomb Project site as well.

How do I make arrangments?

It's simple! Call us...and we will discuss it. Contact the Outreach staff of the....

Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455 (309) 298-1634



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TRAINING: PROGRAM EVALUATION

What is available?

Training on the Program Evaluation component of the Macomb 0-3 Project is designed to help professionals develop successful program evaluation systems. Procedures can be designed to meet needs in child, parent, and staff evaluation. Training on the program evaluation component can be accomplished in one day. However, a two day intensive training session is offered to agencies wishing to replicate this tested concept for evaluating the various parts of individual programs. Training can be conducted at your site or ours.

What is included?

Outreach staff work with members of your staff to design specific training schedule content. Usually specifically prepared instructional aids are incorporated into the training session. These include forms to develop program evaluation strategies and a sequenced series of activities to help plan, collect data, analyze data, summarize data, then choose appropriate target audiences for dissemination of information regarding your program effectiveness. Program evaluation as used in the Macomb Model are presented, and adaptations to met individual program needs are discussed.

How much does it cost?

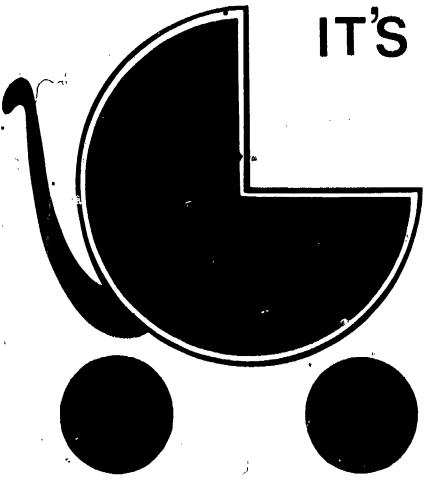
The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, and travel expenses for outeach staff. Generally staff time is provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no costs to participating agencies and professionals.

How do I make the arrangements?

It's simple! Call usand we'll discuss it. Contact the Outreach staff of the

Macomb 0-3 Project 27 Horrabin Hall Western Illinois University Macomb, Illinois 61455 Patricia L. Hutinger, Ed.D., Director 309/298-1634





For more details or to order write:
Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, IL 61455
309-298-1634
SPECIAL NET ID: WILU

T'S HERE!!

The functional curriculum you've been waiting for...

The Macomb 0-3 Core Curriculum 3rd Edition

A comprehensive, functional curriculum guide for working with handicapped, at-risk and developmentally delayed children functioning within the 0-3 year age range. For home or center-based early intervention programs. A color-coded, loose leaf bound, 596 page curriculum for \$41.50 post paid

FEATURES:

134

- * Goals and objectives in major areas of child development.
- * Functional activities which focus on child behavior, daily routine and play times.
- * Adaptations for children with visual, auditory and/or motor impairments.
- * Skills, activities and adaptations all individually referenced.
- * Color-coded program planning guides to monitor individual children's progress.



Outreach: Macomb 0-3 Rural Project

A Rural Child-Parent Service

Presenting

CORE

Computer Oriented Record-keeping Enabler

- * Designed for use with the Macomb 0-3 Core Curriculum
- Enables direct service staff to create and store goals and objectives for Individualized Educational Plans
- * Create or edit student records in the following areas:

Gross Motor * Fine Motor * Cognition Communication * Social * Self-care

Review records on screen, or print hardcopy if you prefer

List skills child has previously accomplished

List child's current individualized plan
List suggested skills to target next
List all skill area statements

- * Program is extremely user friendly with on-screen help
- Price: \$129.95 with Macomb 0-3 Core Curriculum\$ 89.95 separately

Direct orders or inquiries-to:

CORE

The Macomb Projects
27 Horriban Hall
Western Illinois University
Macomb, Illinois 61455
(309)298-1634

System requirements:

Apple (or compatible) with 48k of RAM
Two disk drives
80-column display
Printer (optional)





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OUTREACH: Macomb 0-3 Regional Project

NEWSLETTER November, 1983

A Rural Child-Parent Service

THE LONG WAIT IS OVER WHAT YOU'VE BEEN WAITING FOR IS'HERE!

WE ANNOUNCE

THE 3RD EDITION OF THE MACOMB 0-3 CORE CURRICULUM
A Functional Infant Curriculum

For only \$38.50 plus postage and handling, you may purchase the Macomb 0-3 Core Curriculum--a color-coded, comprehensive, functional curriculum guide for working with handicapped, at-risk, and developmentally delayed children who are functioning within the 0-36 month age range. The Curriculum is designed to be used in a home- or center-based early intervention program.

<u>Introduction</u>: Includes information on the curriculum's philosophical base, development, format and use, as well as suggestions for using the curriculum.

<u>Curriculum</u>: Includes goals, objectives, activities, adaptations and references for the areas of gross motor, fine motor, cognition, communication, social, and self-help. Each area is divided into goal areas and then into skill areas leading to the goal.

Activities: Activities reflect the Curriculum's functional approach. They focus on child behavior, and involve daily routines, family activities, and play times.

Adaptations: Adaptations include activities and suggestions for use with children who are motorically impaired, hearing impaired, visually impaired or developmentally delayed.

Program Planning Guides: Program Planning Guides, which list all goal areas and skill sequences, are used with individual children to place them within the Curriculum and to maintain an ongoing record of progress.

<u>References</u>: References provide information about the contemporary resources used in curriculum development. Full bibliographical entries allow you to go to the reference for further information.

Ordering Information: If you are interested in purchasing the color-coded Core Curriculum, which is packaged in a heavy-duty loose leaf binder, or if you have questions about the Core Curriculum, please contact the Macomb Office. Additional packets of ten sets of Program Planning Guides can be purchased separately for \$15.00 to supplement the one color-coded set which is included in each Curriculum.



ATTENTION

Replication and Training Opportunities Abound

Administrators, Early Childhood Educators, Child Development Specialists, Parent/Infant Educators, and other professionals working with young handicapped children and their families - - -

Take advantage of the expertise available from the Macomb 0-3 Project Outreach trainers and the training they offer on the Macomb Model.

The Macomb 0-3 Model consists of Home Visits, Sharing Centers, WADE (Water Activities for Developmental Enhancement), and Program Evaluation.

*Home Visits--Techniques for planning, conducting, and evaluating Home Visits. The Macomb 0-3 Core Curriculum is basic to activity planning.

*Sharing Centers--Effective means of bring parents and children together to engage in learning activities. The Macomb 0-3 Core Curriculum is basic to activity planning.

*WADE--Used in conjunction with Sharing Centers or as a separate program. Child-oriented activities carried out in a swimming pool.

*Program Evaluation--Designed to help 0-3 program staff develop a successful program evaluation strategy.

The family's involvement is considered essential to the success of any of the components. The Macomb O -3 Model components were validated by the Joint Dissemination Review Panel (JDRP) in 1980 as making a significant difference in the lives of handicapped, developmentally delayed and/or at-risk children and their families who live in rural areas.

Upon replication of the Macomb 0-3 Model, or components of the Model, Macomb 0-3 trainers will help you establish an effective early intervention program in your area or will provide you and/or your staff with training on a new component for your already existing program. Training is offered without cost to agencies who replicate the Macomb Model or components of the Model.

Outreach trainers will provide initial training and materials necessary for replication of the Macomb 0-3 Model at the Macomb site on two separate occasions in 1984. You can choose to attend the entire five days of training if you want to replicate the complete Macomb 0-3 Model (Home Visits, Sharing Centers, WADE, and Program Evaluation). Or, you can attend training sessions on specific components. The dates for training are February 27-March 2, 1984 and June 4-8, 1984.

Registration for these sessions is limited. If you and/or your staff want to attend, fill out the form which is inserted in the newsletter and return it to Sue Marshall, Training Coordinator. The registration deadline for the February-March is February 1 and for the June training, is May 15, 1984. When we receive the form we will contact you about the specifics of replication and will provide travel and lodging information.



----A Training Alternative

If you would prefer to be trained at your own agency, we can schedule with you. With your agency covering the trainer's travel expenses (mileage, hotel and per diem) we will provide the model or component training free of charge. Complete the lower half of the inserted form and return it to Sue Marshall.

----An Added Bonus to Replication

Sharing Center Newsletter

Staff from agencies which have replicated the Sharing Center component of the Macomb Model always have unique and exciting ideas and activities to share with us, as well as problems they need to work out. As a way of sharing information among Sharing Center, sites, we have developed the Sharing Center News. The newsletter is printed bi-yearly and includes seasonal activities for children, suggestions for parent study groups, common problem areas and possible solutions, resource information and other features which we want to share with those conducting Sharing Centers.

Sample copies are available to individuals or agencies who are interested in receiving further information on Sharing Center training and replication.

KEY NEWS

Let's Get Together in Washington!

*Bonnie Smith-Dickson, Coordinator, and Sue Marshall, Trainer for the Macomb 0-3 Project, will be in Washington, D.C. for the HCEEP/DEC Conference, December 11-14. If you will be attending also, let's get together and discuss the Macomb 0-3 Project and how we can work with you. Write or call us at 309/298-1634. We look forward to seeing you.

SpecialNet

Get in touch with us on SpecialNet! Our user name is WILU. You can leave a message concerning the Macomb 0-3 Project or any of the other Macomb Projects, and one of our staff will get in touch with you.

ADDITIONAL MACOMB PROJECTS NEWS

A Great New ACTT Has Come To Town

Macomb Projects is pleased to announce the timely arrival of a new program. Project ACTT (Activating Children Through Technology), a three-year HCEEP demonstration grant, will develop and demonstrate an innovative microcomputer curriculum designed to facilitate interaction between the child and the environment. Children from the ages of birth to six who demonstrate handicapping conditions which inhibit their abilities to influence their world are the primary candidates for this special type of early intervention. Practical, affordable microcomputer software and hardware will be developed based on the needs of the children and families participating in this project. Initially, ACTT staff will work with children from the McDonough County Rehabilitation Center's 0-3 Program and preschool



classes from the Bushnell and Colchester, Illinois school districts. Dissemination of the model program will begin in the second year of the project.

Study of Illinois Birth-to-Three Programs

Patti Hutinger and Dick Rundall are respectively director and coordinator of a grant, funded by the Governor's Planning Council on Developmental Disabilities, to study the state of the art of 0-3 programs in Illinois. The purpose of the one-year project is to establish a set of recommended standards for programs serving young handicapped children in Illinois. The recommended standards will be developed from a 1) review of literature; 2) survey of exemplary 0-3 programs; 3) Level I survey of all Illinois 0-3 programs; and 4) Level II in-depth interviews of a random sample of eight rural and eight urban Illinois 0-3 programs. Data will be collected from direct service delivery staff, administrators, support agency staff and families. The data from Illinois programs will be compared with data from exemplary programs and the review of literature. A panel of experts will contribute to the interpretation of data and development of standards.

Contact us if you have ideas or questions. The Level I surveys will be mailed in December and are to be returned by January 18, 1984. We are asking for cooperation and support from the 0-3 programs in Illinois in completing the survey questionnaires. We are also interested in input from 0-3 program personnel in Illinois as well as other states concerning the study.

Project M.U.S.E. Update

As Project M.U.S.E.: Microcomputer Use in Special Education goes into its second year of operation, we can look back on a productive year. Major goals of the project, which include the training of special education teachers to use micros in their classrooms, evaluation of relevant software and adaptive peripherals for special needs children and the establishment of a Users' Network, continue into the second year.

Project M.U.S.E. staff have worked hard to meet the urgent demand for training of special educators to use micros in their classroom curricula by conducting numerous training workshops and doing presentations at various computer conferences and teachers' institutes. Training includes techniques for incorporating micros into classroom curriculum, use of appropriate software, software evaluation, and information about peripherals which are available for a wide variety of handicapping conditions.

The Users' Network includes individuals who are interested in or are using microcomputers with special needs children. The Network was established as a communication line for individuals to use as a resource for specific requests and as an opportunity to exchange information with other users.

For more information regarding Project M.U.S.E. activities and/or the Users' Network, please contact the Macomb Project Office.



UPCOMING EVENTS TO NOTE

Infants Can't Wait: Clinical Challenges of the Eighties, December 2-4, 1983, Washington Hilton, Wshington, D.C.

Includes sessions by T. Berry Brazelton, Michael Lewis, Stanley Greenspan, Kathryn Barnard and Sally Province. For more information contact Emily Schrag, National Center for Clinical Infant Programs, 733 15th St., N.W., Suite 912, Washington, DC 20005.

HCEEP/DEC Conference, December 12-16, 1983, Washington Sheraton, Washington, D.C.

Patti Hutinger will be particating in two sessions at this year's conference for First Chance Projects. Infant Curriculum Overview, December 13, 3:30-5:00 p.m. and The Four Dollar Hour: Microcomputer Telecommunications and the Use of Special Net for HCEEP Projects, December 14, 8:30-10:00 a.m.

Interact Conference, March 29-31, 1984, Kansas City, Kansas

Plans are in the works for the Spring Interact Conference which will focus on early intervention. Plan to attend and hear nationally known speakers and to exchange information with early interventionists from all over the country. We will keep you informed of further details.

Spring Conference on Early Intervention, May 17-18, 1984, Ramada Inn, Peoria, Illinos

The Outreach: Macomb 0-3 Regional Project, Peoria 0-3 Outreach Project, and Project RHISE/Outreach from Rockford are co-sponsoring a two-day training conference for those serving young handicapped children. We will be disseminating information at a later date about the conference, but hope you will mark these dates on your calendars now.

Sessions during the conference will consist of training on specific topics relevant to those who provide services to young handicapped children. In our planning for the conference, we want to choose content for the sessions which you, as participants, view as most important. In order to achieve this aim, we will be enclosing a Spring Conference 0-3 Survey with the Level I surveys we will be mailing in December to all the 0-3 programs in Illinois. We would greatly appreciate the return of the survey as soon as possible. That will help us to bring you a conference which will meet your needs.



OUTREACH: Macomb 0-3 Regional Project 27 Horrabin Hall Western Illinois University Macomb, IL 61455

Non-Frestit Organization
U. S. POSTAGE

Macossib, Lilinota 61464 Permit No. 459

REPLICATION REGISTRATION FORMS

YES! OUR AGENCY WANTS TO REPLICATE	·
Check those dates you would like to	attend
☐ Full Model Training Feb. 27- March 2, 1984	☐ Full Model Training June 4-8
Component Training:	Component Training:
☐ February 27)	□ June 4)
☐ February 28 \ Home Visits	☐ June 5 Home Visits
☐ February 29)	☐ June 6)
☐ March 1 Sharing Centers/WADE	☐ June 7 Sharing Centers/WADE
☐ March 2 Program Evaluation	☐ June 8 Program Evaluation ℓ
Agency Name	
Address	•
Phone #	
	
Name/Positions of Those Attending Traini	ing sessions:
8	
REGISTRATION DEADLINES: FEBRUARY 1, 198	34 and MAY 15, 1984

YES! OUR AGENCY IS INTERESTED IN F	REPLICATING THE MACOMB MODEL/COMPONENTS
We would like training sessions to be constant that training is provided by the Marketian agreement. We will assume traveled trainer.	onducted at our agency's site. We under- Macomb 0-3 staff in exchange for a rep- vel, lodging and per diem expenses for
Agency Name	
Address	
Phone #	- macadesara
Name/Positions of Those Attending Traini	ing Sessions:
all Humpyrous All Annick Control of the Control of	Sue Marshall, Training Coordinator
KETOKN TO:	OUTREACH: Macomb 0-3 Regional Project 27 Horrabin Hall Western Illinois University

ERIC Full Text Provided by ER Macomb, Il 61455

OUTREACH: MACOMB 0-3 REGIONAL PROJECT

27 Horrabin Hall Western Illinois University Macomb, Illinois 61455

Request for Information About OUTREACH Services

Name/Position:_		
Agency/School:	,	
Address:		
`		
Phone Number:		<u> </u>
Indicate i MACOMB 0-3 REGI mark in the spa	nterest in obtaining information about t ONAL PROJECT services listed below by pl ce provided.	he OUTREACH: acing a check
AWARENESS:		
	Our presentation of the MACOMB 0-3 MOD you with the benefits that can be gain our model and our involvement with you	ed by the use of
PRODUCTS:	•	
	Baby Buggy Books Core Cu	rriculum
	_ Baby Buggy Papers	
	_ Slide/Tapes	
CONSULTATION/ST	AFF DEVELOPMENT:	
	Identification of program needs	_ Community awareness
	Child development and	_ Documenting program
	_ Parent involvement and	effectiveness
	parent groups	_ Working with the medical community
	_ Management systems _ Materials/product development	Strategies for
	Program evaluation	programming in the
		1980's
COMPONENT ADOPT	_ Grant writing and obtaining funds	
SOLII SILEMINI ABOLI		agnam Evaluation
	Sharing Centers	ogram Evaluation
-	_ Sharing centers _ WADE (Water Activities for Developments	1
MODEL ADOPTION:	_ wast /water westainted for beaginfulation	i Ennancement)
	When you choose to adopt the JDRP (Join Review Panel)-approved MACOMB 0-3 MODEL Sharing Centers, and the Core Curricult training and assistance in implementing of the Project as well as ongoing involved at no cost to participating programs.	_ (Home Visits, um) you receive u the components



Sample OUTREACH Activity Documentation Appendix B:

Conference Brochures Excerpts

Outreach Training Announcements

Outreach Training Agendas

Minutes from Meetings

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Conference Brochures Excerpts

ERIC POSTAL PROBLEM (1955)

THIRD ILLINOIS

BIRTH TO THREE



SYMPOSIUM

FOR EARLY INTERVENTION PROGRAMS

FUNCTIONAL STRATEGIES

May 17-18, 1984

Holiday Inn--Brandywine

Peoria, Illinois

Sponsored by:

Outreach: Macomb O-3 Project Peoria O-3 Outreach Project

Project RHISE/Outreach

Illinois First Chance Consortium

Illinois State Board of Education



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THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM SPONSORS

The three sponsoring projects. Outreach: Macomb 0-3 Project, Peoria 0-3 Outreach Project, and Project RHISE/Outreach, are federally funded through the Handicapped Children's Early Education Program (HCEEP) to *provide outreach services to professionals who serve birth to three children with handicapping conditions and their families. Outreach funding enables projects to share their project models and to provide training to other programs. Services offered by the individual outreach projects include adoption of the project model or model components, workshops, inservices, staff development, consultation, awareness presentations and written materials.

ILLINOIS FIRST CHANCE CONSORTIUM

The projects represented at the Third Illinois Birth to Three Symposium are all members of the Illinois First Chance Consortium and are all funded by the Office of Special Education Programs, as HCEEP First Chance projects. The projects are both outreach and demonstration projects. Demonstration projects provide direct services to children for three years as they develop their model. They then, submit for funding as outreach projects.

The Illinois First Chance Consortium was formed in 1978 with the purpose of coordinating the individual First Chance projects efforts to achieve their goals within the state. The primary goal of the Consortium is to improve the quality and quantity of services to young handicapped children in the State of Illinois through cooperative, coordinated efforts.

Since the formation of the Consortium, efforts have expanded in the areas of community awareness and education, stimulating programs to improve existing services, professional training and development, and impacting decision makers with the benefits of early intervention. The Consortium has established a strong working relationship with the Illinois State Board of Education through Lynn Moore, the Special Education Specialist for Early Childhood Program and representative to the Consortium.

The Outreach: Macomb O-3 Project, Peoria O-3 Outreach Project. Project RHISE/Outreach, Illinois First Chance Consortium, and Illinois State Board of Education cordially invite you to the Third Illinois Birth to Three Symposium.

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THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM:

FUNCTIONAL STRATEGIES FOR EARLY INTERVENTION PROGRAMS

CONFERENCE AGENDA

Thursday, May 17

8:00- 9:00 Registration

9:00-11:30 "The Broader Impact of Intervention:

Assessing Family Stress and Support"

Marie Bristol, Investigator,

Frank Porter Graham Child Development Center,

Research Assistant Professor, Department of Psychiatry, University of North Carolina,

11:30~ 1:00 Luncheon

"Illinois State Board of Education Update" -

Lynn Moore, Special Education Specialist

for Early Childhood Programs

"Overview of Illinois Governor's Planning Council for Developmental Disabilities Study of the State

of the Art of Birth to Three Programs in Illinois"

Patricia Hutinger, Macomb Projects Director and Professor of Early Childhood Education, Western

Illinois University, and Richard Rundall,

Project Coordinator

1:00- 3:00 Session I--Four Concurrent Sessions

3:00- 3:30 Break

3:30- 5:30 Session II--Four Concurrent Sessions

5:30 - 6:30 Cash Bar and Informal Discussion Hour with Lynn Moore,

Patricia Hutinger, and Richard Rundall

Friday, May 18

8:00-10:00 Session III--five Concurrent Sessions

10:00-10:30 Break

10:30-12:30 Session IV--Five Concurrent Sessions

12:30- 1:30 Buffet Luncheon in Holidome with Topical Discussion

Tables

1:30- 3:30 Session V--Five Concurrent Sessions

3:30- 4:00 Symposium Evaluation/Wrap-Up





Session I (Thursday, 1:00-3:00)

- IA "New Directions in Early Intervention Research"

 Arnold Sameroff, Project Director

 The Chicago Intervention Project, Illinois Institute
 for the Study of Developmental Disabilities
- IB "Prevention and Clinical Intervention in the Lives of Parents and Their Infants/Toddlers" Judy Bertacchi, President Illinois Infant Mental Health Association
- IC "Effective Home-Based Programs for Infants"
 Sue Marshall, Training Coordinator
 Mary Strode, Evaluator/Trainer
 Outreach: Macomb 0-3 Project
 Western Illinois University
- ID "Integration of NDT/Principles in Educational Settings" Char Slezak, Special Educator Early Childhood Research and Intervention Program, Illinois Institute for the Study of Developmental Disabilities

Session II (Thursday, 3:30-5:30)

- IIA "New Directions in Early Intervention Research" (repeat session)
 Arnold Sameroff, Director
 The Chicago Early Intervention Project, Illinois Institute
 for the Study of Developmental Disabilities
- IIB "A Social Work Perspective on Families with Handicapped Infants and Toddlers"

 Damon L. Lamb, Director

 Beverly Kopper-Roland, Social Worker

 Project FINIS--Outreach
- IIC "A Functional Curriculum Designed to Meet Child and Family Needs" Sue Marshall, Training Coordinator Mary Strode, Evaluator/Trainer Outreach: Macomb 0-3 Project Western Illinois University
- IIB "Alternative Communication Programming for Hearing- or Communication-Impaired Infants' Diane Pien, Director Kathy Merric¹. Language Pathologist Project LETS Siegel Institute, Michael Reese Hospital

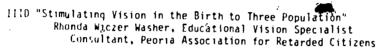


Session III (Friday, 8:00-10:00)

IllA "Sensory Integration for Children With Learning Disabilities/ Minimal Brain Dystunction: An Overview" Catherine Genetti, Occupational Therapist Peoria School of Medicine

IIIB "Howato Cope without a Social Worker"
Sylvia Clark, Social Worker
Project LETS
Siegel Institute, Michael Reese Hospital

IIIC "Language Development: An Educational Approach" Moneta Devine, Training Consultant Project RHISE/Outreach Coordinator, Early Intervention Program Children's Development Center



IIII "Project ACTT: Activating Children Through Technology: Use of Microcomputer Technology With Young Handicapped Children" Lori Perry, Child Development/Computer Specialist, Project ACTT Linda Robinson, Child Development/Computer Specialist, Project ACTT Bonnie Smith-Dickson, Macomb Projects Coordinator Western Illinois University

Session IV (Friday, 10:30-12:30)

IVA "Integration of NDT/Principles in Educational Settings" (repeat session)
Char Slezakac, Special Educator
Early Childhood Research and Intervention Program
Illinois Institute for Developmental Disabilities

IVB "Theraplay with Young Handicapped Children: Healing the Emotional Wounds for Parents and Child"
Phyllis Booth, Theraplay Trainer
Theraplay Institute

IVC "The Rural Infant Educational Program: Problems with Educational Service Delivery in a Very Rural Area"
Larry Eno. Director
Donna Best, Trainer
Project RIEP: Rural Infant Education Program

IVO "Developing Augmentative Communication Skills in Nonverbal Children Birth to Three" Ellen Cantrell. Alternate Communications Specialist

IVE "Decision Making in Baby Doe Situations"
William Hayden, Pediatrician and Neonatologist
Associate Director, Neonatal Intensive Care Unit
St. Francis Medical Center



Session V (Friday, 1:30-3.30)

VA "Sensory Integration for Children with Learning Disabilities/ Minimal Brain Dysfunction: An Overview" (repeat session) Catherine Genetti, Occupational Therapist Research Associates

Research Associates Peoria School of Medicine

VB "Dealing with Behavioral Issues in Young Children"
Mike Lewis, Director
Warren Achievement School

Dennis Sykes, Coordinator Resource Access Project Colonel Wolfe School

yd "Six S's of Parent Involvement: (Life) Styles, Status,
Stress, Support, Strategies, and Systems"
Steven L. Smith, Director
Project RHISE/Outreach

VD "Recognizing and Facilitating Feeding Patterns in Handicapped Young Infants and Children"
Beth Brown, Coordinator
Gail Buehl, Motor Development Specialist

Peoria 0-3 Outreach Project

Children's Development Center

VE "What Makes an Exemplary Early Intervention Program"

Merle Karnes, Projects Director and Professor of Education,
Project PEECH (Precise Early Education for Children With
Handicaps)
Project RAPYHT (Retrieval and Acceleration of Promising
Young Handicapped and Talented)
University of Illinois

Hotel Information

A block of rooms is being held at the Hothiday Inn-Brandywine, 4400 North Brandywine, Peoria, Illinois 61614 for symposium participants. Please write or call Holiday Inn-Brandywine to make reservations. Phone number is 309/686-8000. Indicate symposium attendance to get conference rates.

Holiday Inn-Brandywine Room Rates

Single: \$45 + tax

Double: \$51 + tax (additional people at no extra charge)

The Red Roof Inn, 4031 North War Memorial Drive is in close proximity to the Holiday Inn-Brandywine. The phone number of Red Roof Inn is 309/685-3911. Single rooms are \$26.22; double rooms are \$40.78

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TITLE OR POSITION

Parent/Guardian ___

Administrator

Teacher (0-3) ____ (3-5)

THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM FUNCTIONAL STRATEGIES FOR EARLY INTERVENTION PROGRAMS

May 17-18, 1984 Holiday Inn-Brandywine Peoria, Illinois

Pre-Registration Room.

*Complete the requested information	*REGISTRATION DEADLINE: MAY 1, 1984
*Complete the requested information *Notach this form *Registration fee of \$)5 (includes two lunches) *Send form and check payable to the 'Birth To Tofce Symposium Attn: Patti Able Peoria 0-3 Outreach Project 320 East Armstrong Avenue Peoria, Illinois 61603 Phone: 309/672-6358	
PARTICIPANT	INFORMATION:

Phone Allied Professional Teacher/Trainer Other

An indication of your attendance preference is requested. This is not

Address ____

An indication of your attendance preference is requested. This is <u>not</u> a registration for particular sessions, rather an indication to the conference committee of necessary room arrangement. "Please check **one** presentation in each session that you will be attending.

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Outreach: Macomb O-3 Project 27 Horrabin Hall College of Education Western Illinois University Macomb, IL 61455



Macomb, Illinois 61455 Permit No. 489



Administrator McDonough Cty Rehab Ctr 900 South Deer Road Macomb IL 61455

A VERY SPECIAL ARTS FESTIVAL IS.....

Planned as a celebration of the artistic skills and abilities of handicapped people, this VERY SPECIAL ARTS FESTIVAL in west central Illinois is taking steps to bring to the attention of the general public the importance of beauty in the lives of people...including those who are handicapped. Horrabin Hall, Western Illinois University, Macomb, Illinois, has been selected by the Illinois State Board of Education and the National Committee Arts for the Handicapped to host A VERY SPECIAL ARTS FESTIVAL.

The National Committee Arts for the Handicapped (NCAH) includes artists, administrators, educators, and parents working to ensure the right of all persons to participate in and enjoy the beauty of our cultural heritage. We-are realizing more and more that handicapped people have a definite love of art of all forms (music, dance, drama, media, and visual arts). Art may allower individual who is handicapped to find his or her area of strength and to reinforce and build upon it: Thus, the person is enabled to achieve a vital, positive self image. This process is infinitely more important than the product that is created. Every person has the potential for talent, a capacity for creativity, and a right to enjoy to the fullest the beauty and vitality of the arts. For those who have never been to A VERY SPECIAL ARTS FESTIVAL, it is an experience worth sharing.

NATIONAL COMMITTEE ARTS FOR THE HANDICAPPED Jean Kennedy Smith

1984 ILLINOIS FESTIVAL COORDINATOR Roberta Volkmann - ISBE

WEST CENTRAL ILLINOIS VERY SPECIAL ARTS FESTIVAL **Executive Committee**

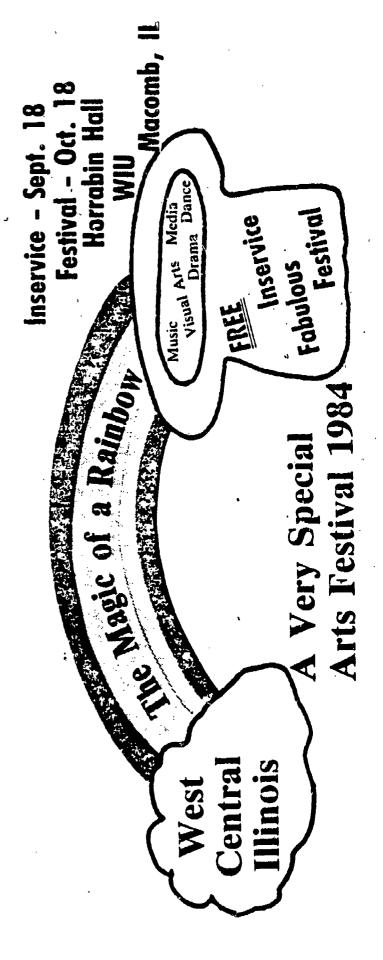
Doris Chaffee/Jean Stockham, Co-Chairpersons Ernie Pruett

Dick Law

Bonnie Smith-Dickson

Mary McMahon Marilyn Wendt Sue Marshall Chris Hawkinson

Carl Fenn Arthur Hasbargen Carol Johnson June Bath



new curriculum and methods, approaches with minority populations,

ransition between programs,

nd rural programs.

FIFTH ANNUAL MONTANA SYMPOSIUM ON EARLY **EDUCATION** AND THE EXCEPTIONAL CHILD

"Learning from Children"

April 11-13, 1984 Sheraton Hotel Billings, Montana



Sponsored by:

Institute for I illitative . VICES

Eastern Montana Colleg Office of Public Instructi

Montana University Affiliated Programs

Brochure Excerpt

SYMPOSIUM PROGRAM

April 11, 1984 - Wednesday 3:00-6:00 pm Registratic.

4:00-6:00 pm Concurrent Sectionals

> "Assessing and Facilitating the Cognitive Abilities of Infants and Toddlers in Early Intervention Programs" Susan Marshall, Training Coordinator, Macomb 0-3,

Macomb, iL

"Teaching Proficiency in the Classroom: Integrating What to Teach, How to Teach and How to Manage Behavior" Dr. James Jacobs, Special Education, University of

Wyoming, Laramie, Wyoming

6:30-7:00 6:30-7:30 pm

Project Overview Concurrent Sectionals

"The Parent Center" Marian F. Baldwin, The Parent Center, Idaho Falls, Idaho

A Case Study" Dr. Susan Workman, Montana State University, Bozeman, Montana

"The Effect of Prompt Coaching in Remedial Instruction with First Grade Readers", Dr. Barbara Walker, Reading

Center, Eastern Montana College

7:30 pm

Welcome: Dr. Christine Mason

Keynote: Dr. Doug Guess, "Allowing the Child Greater Participation in the Education Process" University of Kansas

9:00 pm

Social: No Host

April 12, 1984 - Thursday

8:00 a.m.

Registration and Continental Breakfast

8:45 am

9:00 am

Keynote: "Involving Parents in Selecting and Implementing Educational Goals"

Dr. Lisbeth Vincent, University of

Wisconsin

10:15 am

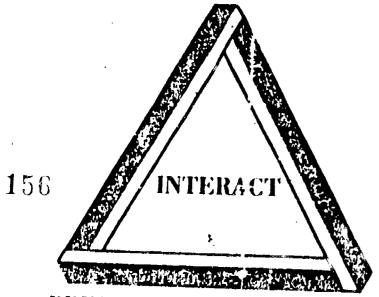
Break

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INITIACT CONTURNOE [WRCH 29, 30, 31, 1984

INTERACT

THE NATIONAL COMMITTEE FOR VERY YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES



BRINGING IT ALL TOGETHER

March 29, 30, 31, 1984 DOUBLETREE WIEL 10100 College Boulevard Overland Park, Kansas 66210



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	of Education, Kansas					
nor of K	n Carlin ansæn					
"Acce	ornbull, Ph.D. entuating Family Strengths: tems Perspective"					
	TEA AND COFFEE					
arent- ip for " R.N.,	"Educating Physicians in Developmental Disabilities Sarah HcCammon, R.D., M.S. "Pediatric Dentistry" - Robert Boraz, D.D.S.	"The Law and the Handi- capped Infant"-Rutherford Turnbull, Ll.D., Ll.M. "Kansas Reaches for Com- prehensive Services: Gov- ernor Carlin's Task Force- Marla Mack	"Functional Curriculum for Infanta" - Patti Hutinger, Ph.D.			
Interact'	' - Geneva Woodruff					
Thris Cut	rty		1			
and	"Project ACCESS: Focus on Follow-up and Inter- vention" - a progress teport. Rochelle Mayer	"Community Linkages" - Sandra Gautt, Ph.D.	"Gaze Aversion as an Indi- cator of Social Development Patricia Self, Ph.D. "Patterns of Social Inter- actions of Multiply Handi- capped Infants" Kathleen McCartan, Ph.D.			
	SOFT DRUNKS					
ress in	"Severely Disabled Children Facilitating Progress through Positioning and Thera- peutic Techniques" ~ Betty Sinders, P.T.	"Guiding a Program Through Crisis," an Interactive Workshop - Jane Hochman, Ed.D.	"Communication Language Intervention for Rural Families" - Lee McLeon, Ph.D. Speech Clinician			
ool to th	e Country Club Plaza and Old	l Westport for dining, shopp	ing, and surrey rides			
	COFFEE. TEA AND RULLS					
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, Model of ent in Programs	"Intervention for the Chronically III Hospita- lized Infant" - abecca Mitchell, O.T.R.	"Transdisciplinary Service Delivery" - Geneva Wood uff, Ph.D.	"Use of Microcomputers by Young Physically Handicapped Children" - Judy Howar L.D.			

PREVIEW

Summary of DEC Sessions CEC Annual Convention Washington, D.C., April, 1984

*Note: This listing includes only session leaders; for space reasons, we could not include individual topics and presenters within sessions.

8:45 - 10:15	Enhancing Parent-Infant Interactions. Session leader: Janet Greenwood
8:45 - 10:15	Spotlight on Early Intervention Programs in the U.S., Part I. Session leader: Patricia Hill.
8:45 - 10:15	The Diagnostic Nursery: A Six Week Model for Assessment and Intervention with the Preschool Handicapped Child Session leader: Barbara Menzel.
0:30 - 12:00	Training Personnel to Work with Young Handi- capped Children. Session Leader: Toni W. Linder.
0:30 - 12:00	A Model Program for Young Gifted/Talented Handicapped: Adaptations for Special Populations and Innovations in Assessment and Dissemination. Session leader: Merle B. Karnes.
0:30 - 12:00	Spotlight on Early Intervention Programs in the U.S., Part II. Session leader: Sheila Wolfe.
0:30 - 12:00	Early Childhood Research: Issues in Evalua- tion. Session leader: Glendon Casto.
1:15 - 2:45	Preschool Services in Rural Areas. Session leader: Evangeline Moncayo.
1:15 - 2:45	Mainstreaming Experiences with Preschool Children, Session leader: Barbara K. McCloud.
1:15 - 2:45	Networking—A Megatrend in Early Childhood Education Session leader: Bob Kibler.
3:00 - 4:30	Transdiciplinary Approaches to Assessment and Intervention for Young Handicapped Children. Session leader: Judith Thiele.
3:00 - 4:30	Strategies for Assessing Child Progress in Early Intervention Programs. Session leader: Steven Hooper.
3:00 - 14:30	Networks Supporting Families of Young Hand- icapped Children. Session leader: Vaughan Stagg.
5:00 + 6:30	DEC BUSINESS MEETING AND PRO- GRAM.
6:30 - 7:30	CASH BAR

Share your Ideas in DEC's Journal

A new feature of the Journal of the Division for Early Childhood will be initiated in the next issue of the journal, entitled Innovative Teaching Tips. You are urged to share creative ideas with our readers that you have found to enhance your program for young handicapped children. Such ideas might include: innovative classroom activities or procedures, child management procedures, working with families, evaluating child progress, use of volunteers. Your submission should be limited to no more than one and one-half double-spaced typewritten pages. Provide your name, title or position and location as you wish it to appear in the publication. Selection will be made on the basis of clarity of presentation, uniqueness of ideas and appropriateness for the young handicapped population. Send two copies of your submission to:

Dr. Iva Dene McCleary Assistant Professor Department of Special Education University of Utah Salt Lake City, Utah 84112

Brochure Excerpt

	Brochure Excerpt
Wednesday, April 25	•
1:15 - '2:45	A Developmental Approach to Teaching Techniques in Early Childhood Special Education. Session leader: Cordelia Robinson.
3:00 - 4:30	A Model-Building Approach to Developing Program and Birth-6 Teacher Competencies. Session Leader: Patricia Hutinger.
7:00 - 8:30	Young and Special: Demonstrated Effective- ness of a Practical Approach to Early Child- hood Mainstream Training. Session leader: Crystal E. Kaiser.
7;00 + 8:30 .	Working with "Difficult" Parents of Preschool Children, Session leader: Kay Lund.
Thursday, April 26	
8:45 - 10:15	Innovative Practices for Teaching Handicapped Preschoolers. Session leader: Robert Monahan.
8:45 - 10:15	Early Identification and Assessment of Young Children with Handicaps. Session leader: Vivian Correa.
10:30 - 12:00	Facilitating Academic Readiness and Social Skills in Handicapped Preschoolers. Session leader: Vey M. Nordquist.
10:30 - 12:00	Services for Young Handicapped Children: Interagency Collaboration in an Era of Retrenchment. Session leader: Donald Wertlieb.
1:15 - 2:45	Assessment and Early Intervention: Research Findings. Session leader: Tom Kochanek.
3:00 - 4:30	Assessing Cognitive Abilities of Infants and Toddlers in Early Intervention Programs. Session leader: Sue Marshall.
. 3:00 - 4:30	Facilitating Language Learning in Young Children. Session leader: Joyce Johnstone.
Friday, April 27	
10:30 - 12:00	The Early Childhood Center. Session leader: Patricia Hiles.
10:30 - 12:00	The Young Handicapped Child and the Family. Session leader: Judy Adams.
1:15 - 2:45	Improving Service to Preschool Handicapped Children Through Parent Training. Session leader: Elouise Jackson.
3:00 - 4:30	Early Intervention Efforts: A Report from the States, Session leader: Brian McNulty.

STATE FEDERATION DIVISIONS FOR EARLY CHILDHOOD TO MEET AT CEC

Presidents and members of State Federation DEC's are invited to attend a special meeting to be held one hour before the Annual Business Meeting on Tuesday, April 24, at 4:00 pm.

At the Annual Business Meeting new State Federation Divisions for Early Childhood will receive a certificate which will formally recognize them as affiliated with National CEC/DEC.

In addition. Presidents or their representatives are invited to attend the DEC Board meeting which will be held on Monday afternoon April 23: a notice will be posted.

Please plan to come to Washington, D.C. in the spring and to attend the Board Meeting, Special Meeting and Business Meeting if at all possible. We look forward to the continued growth of the State Federation Divisions and to a more formal and supportive relationship between the National and State Divisions.



Outreach Training Announcements



University of Wisconsin-Eau Claire

. Department of Special Education

E T N # 279 (3419) May 3 and May 10, 1984 THURSDAYS: 4:00 to 5:20 P.M.

This is the last program in a series of E T N programs designed to assist professionals and parents concerned about young disabled children. Many of the programs have focused on topics which obviously have broader implications than merely the disabled young child, and this current program is no exception.

Dr. Hutinzer will be on the telephone line from Illinois, hooked-up to the E T M telephone system operated by U. M. Encension. Most of us realize the convenience for all of us to not to have to drive long distances to participate with professionals having information to share with us. Today's program (May 3 and 10) we are welcoming Dr. Hutinger, and chanking her in advance for contributing her time and effort to assist all of us in understanding how we might make the issue of transitioning less traumatic for young children, disabled or not.

Please return the evaluation sheet at the conclusion of the second program - we have provided you with a postage paid envelope to assist in setting the material back to us.

Dwayne D. Paterson, Ed.D. Associata Profassor (715) 836 2175

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Accepting the Chailence of Excellence



AN INVITATION



TO JOIN US AND OTHER EARLY INTERVENTIONISTS





AUGUST 27-29, 1984

FOR A TWO AND ONE-HALF DAY INTENSIVE TRAINING SESSION ON SHARING CENTERS AND WADE

	Training Schedule
August 27 2:00- 4 5:00- 6 6:30- 8 8:30-10	30 Dinner at Horn Lodge 30 Training on WADE
August 28 8:00- 9 8:30-12 12:00- 1 1:30- 5 6:30	00 Sharing Center training 00 Lunch
August 29 8:00- 8 8:30- 9 10:00-12 12:00-12 12:30- 2	30 Prepare for Sharing Center 30 Sharing Center
materials, a Accomodations: Ho	35 per person (includes lodging, four meals, training l recreation) Field Lodge has cabins and shower facilities which we
have reserve arrangements	If you prefer to stay in a motel, we can make for you.
Transportation: A Iowa, or Mol	travel via Chicago or St. Louis to Peoria, Burlington, le, Illinois.
NAME(S)	REGISTRATION-SHARING CENTER/WADE TRAINING
AGENCY/ADDRESS/PHO	
HOME PHONE	

PLEASE ENCLOSE \$35.00 registration fee per person and return to the Macomb Office by: JUNE 11, 1984



TRANSPORTATION

SPECIAL MEMO

To: Region 1:

Parent Infant Educators

Infant teachers

Child Development Specialists

Program Directors
Executive Directors

From: Outreach: Macomb O-3 Project and Project RHISE/Outreach

Re: Infant Curriculum Workshop, August 7, 8, & 9, 1984

The Outreach: Macomb O-3 Project and Project RHISE/Outreach in cooperation with Children's Development Center in Rockford are jointly conducting an intensive three-day workshop on infant curriculum. This workshop has been specifically designed for birth to three service providers who work with developmentally disabled, developmentally delayed, or at risk infants and young children. The workshop has been designed and organized to give participants indepth training and practice with three distinct approaches to infant curriculum. The three approaches which will be covered include:

- 1. The Macomb 0-3 Core Curriculum
- '2. Sensorimotor Curriculum
- 3. Teaching Activities for Parents (TAP)

The Macomb 0-3 Core Curriculum is a comprehensive, functional curriculum guide for working with developmentally disabled, at visk, and developmentally delayed children who are functioning in the birth to three age range. The Sensorimotor approach to assessment and curriculum developed at Meyer Children's Rehabilitation Institute will be presented. Teaching Activities for parents was developed at Child Development Resources in Lightfoot, Virginia and is a parent-focused curriculum.

This intensive learning opportunity will be conducted August 7, 8, and 9 at Children's Development Center, 650 North Main Street, Rockford, Illinois. Workshop sessions will begin at 8:30 a.m. and conclude around 3:30 p.m. each day, with an hour lunch break.

In order to make this a meaningful learning experience for participants, registration will be limited to 30 individuals. Registration is free of charge to service providers from Region 1. To register or to obtain more information contact:

Steven Smith Project RHISE/Outreach, 815/965-6745 or Sue Marchall, Outreach: Macomb 0-3 Project, 309/298-1634

A tentative agenda is enclosed for your information.



Outreach Training Agendas

MODEL REPLICATION TRAINING OMAK, WASHINGTON

AUGUST 20 - 22, 1984

AGENDA

Monday, August 20

AM Introductions
Program Review
Baby Buggy Materials
Review Training Manual

PM Macomb Model Overview:

HCEFP
What is rural?
Basic Assumptions
Undifferentiated Staffing Pattern
Philosophy
Project Components—Wiew Slide-Tane
IDPP Data
Replication

Dasic Assumptions
Review--Our House Or Yours
Review--Assessment, Intervention, Reassessment Procedures in Home Visits
Parent Orientation
Infant Intake
Systematic Observation
HOME--Home Observation of the Environment
Parent Behavior Progression

Tuesday, August 21

AM Visualization Activity
Being a Sensitive Interventionist
Family Systems Theory
Parent Readiness Levels
View--Parent Involvement in the Home Visit Video
Discussion
Review--Parent Needs Packet, Techniques on Home Visits
Parent Orientated Curriculum--TAP-Teaching Activities for Parents
"Surviving the First Three Years"

Sharing Center Component
Basic Assumptions, Soals and Objectives
View--Slide Tape
Needs Assessment
Sharing Center Elements/Planning Guide
Scheduling
Designing Play Environments
Sharing Center Activities
Play Interaction Data
Staff Planning and Evaluation (Formative and Summative)
Parent Evaluation
View--Sharing Center Videotapes
Discussion

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Tuesday, August 21 Con't

Objectives or Activities?--Group Exercise
Overview of Curricula for 0-3
Functional Curricula/Activities
Discriminating Between Goals, Objectives, and Activities
Child Levelopment Slides
Group Exercise--Purposes of Activities
Group Exercise--Developing Activities for Objectives
Program Planning
Behavioral Objectives
Macomb 0-3 Core Curriculum Overview:
Gross Motor, Fine Motor, Cognition, Communication, Social, Self Care
Small Group Activity--View video, Infant Toddler Development, observe and collected data on development using Core Curriculum Age Reference Charts
Using Program Planning Guides

Wednesday, August 22

Overview Screening, Diagnosis, Assessment
Review--Washington State SPI ECSP Assessment Recommendations
Review--Illinois Early Childhood Assessment Recommended Practices and ProcessParent Involvement in the Assessment Process
Adaptations for Assessing Young Handicapped Children
Review Selected Assessment Instruments
Steps-Up Screening
Developmental Reflex Test
Peabody Developmental Motor Scales
Birth to Three Developmental Scales (Bangs)
Sequenced Inventory of Communication Development (SICD)
Auditory Comprehension of Language (ACL)
Evaluation and Programming System (EPS)

Pil Sensorimotor Assessment
Group Exercise
Piagetian Overview
View Slide Tape--Physical Knowledge
Characteristics of the Sensorimotor Stage
Impact of Handicaps on Sensorimotor Development
Overview on the Uzgiris-Hunt Scales
Sensorimotor Assessment Procedures for Administration and Scoring
Scales (a la Dunst and Uzgiris-Hunt)
Review of Sensorimotor Scale Items
Interpetation of Results
Uzgiris-Hunt/Core Curriculum Cross Referencing System
Group Exercise

Program Evaluation Component Introduction/Purposes Child Evaluation Parent Evaluation Staff Evaluation Dissemination

Closure/Evaluation of Training



RAP - Headstart Conference October 7, 1983

Title: Use of Assessment Instruments and Techniques
Presenter: Sue Marshall: Training Coordinator
Macomb 0-3 Regional Project

Objectives:

Participants in this workshop session will acquire the following:
Knowledge of the assessment process in programs for young children.
Knowledge of and the ability to differentiate and appropriately use norm referenced and criterian referenced lists.
Knowledge of types of test adaptation for children with impairments.
Knowledge of procedures and techniques to use when assessing young children.
Knowledge of the content and use of selected developmental checklists:
Bugance

Agenda:

Introductions
What is assessment process in programs for young children? How does, it differ from the screening and diagnosis process?
Test Development:
 Components of an assessment instrument.
 Norm Referenced vs. Criterian referenced tests
Review components/use of:
 Portage
 LAP - Early LAP
 Brigance
Test Adaptations
Parent involvement in Assessment/Programming
Group activity: Using criteria to evaluate developmental checklists
Large group sharing session
Closure/evaluation

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Model Replication Training St. Peters Missouri December 5/6 1983

AGENDA

Monday, Dec. 5 10:00-12:30 Introductions - Site Update Overview-Macomb 0-3 Project Components Discussion Slide/Tapes Videos Review of Training Manual and Your House or Ours Brief Review of JDRP Report Questions 12:30-1:30 Lunch 1:30-5:00 Develóping a Referral System: Establishment of a High Risk Registry Video: St. Francis Follow-Up Screening Assessment Public Awareness Strategies BRAINSTORMING Project Logo Brochure Abstract PSA's

Working with the Medical Community
Review Child Find Manual
Assignment: Rank CDS Competencies

Peruse Core Curriculum

Developing an Advisory Council

Tuesday, Dec. 6

9:00-12:00 GOOD MORNING!

Discuss Competencies
Use of Assessment Instruments:
 Alpern-Boll Developmental Profile
 Denver Developmental Screening
 Steps-Up Screening
 Activity: Developing Goals, Objectives and Activities
Overview Curricula Development
Overview Macomb 0-3 Core Curriculum
 Review of Introductory Material
 Use of Program Planning Guides
 Activities and Adaptations
 Individual Child and Family Needs Program

12:00-1:00 Lunch

1:00-2:30 Funding Issues and Strategies
Closure:
 Discussion
 Date/Content of Next Training
Evaluation of Training





WADE TRAINING SESSION
August 27, 1984
Horn Lodge

AGENDA

6:30 Introductions/Agenda Review

6:45 Intro/Overview - WADE

View slide-mape.

Review: "Water Activities to Enhance Development for Handicapped and High Risk Infants"

"Beginning in the Bathtub" - Parents Magazine
"Do You Recommend Swimming?" - Parents Forum

Organizing a Water Program

Review Handouts: Needs Assessment

Medical Release WADE Planning Guide

Evaluation Forms - WADE Participation

"Fish" - Parent Evaluation Replication Evaluation

Infant Guidelines - YMCA WADE Activities

7:45 Judy Strong, Physical Therapist (Videotape)
Water Preparation
Theraneutic Effects of Water Activities
Positioning and Handling
Equipment
Water Activities for Children with Various Handicaps





SHARING CENTER TRAINING August 28-29, 1984 Horn Lodge

Tuesday, August 28, 1984

9:00 Intro/Overview - Sharing Center

View slide/tape

Review: Sharing Centers: An Overview of the Component and Curriculum

Planning and organizing a Sharing Center

Needs Assessment 'Planning outline Planning/Evaluation

About parents: Readiness levels

Characteristics of Adult Learners

Activities for Children
Activities Using Paints, Grains, Sand
In the Beginning . . .
Creative Experiences
Planned Discrepancies
Baby Buggy #123 - Kit Concept
Play Interaction Sheet

Evaluation: Evaluation of Sharing Center
Evaluation of Sharing Center
Rate a Center
Parent Questionnaire

12:00 Lunch

1:15 Planning a Sharing Center

1:30 Getting to know the children

2:30 Break

2:45 Planning Wednesday's Sharing Center

Wednesday, August 29, 1984

8:30 Prepare for Sharing Center*

10:00 Sharing Center

11:30 Lunch (as part of the Sharing Center)

12:30 Clean-up Wrap-up Discussion/Evaluation



Replication Training Chauncy, Ohio September 4-7, 1984

AGENDA

Wednesday, September 5

Introductions

Program Review

Establishing a Referral System

Working with the Medical Community

Sharing Centers

Thursday, September 6

Program Review--Home Visits

Review of Home Visit Information in Training Manual

Referral Procedures/Family Orientation

Assessments

Program Review--Core Curriculum

Overview

Review of Program Planning Guides

Review of Age Reference Charts

Friday, September 7

Family Systems Theory

View video--'Gifts of Love"

Review--"Surviving the First Three Years"

Materials Display/Sharing Session

Closure and Evaluation



Core Curriculum Training Workshop February 29, 1984

Objectives/Agenda

Objectives:

3:30-4:30

-Review content of Core Curriculum -Through observation and interaction with children and caregivers, and through the use of the Program Planning Guides and Age Referenced Charts, summarize a child's level of overall development -Learn to develop a language sample and calculate Mean Length Utterance -Discuss individual's questions concerning curriculum use -Discuss screening programs and use of the Denver Developmental Screening Instrument (if time)				
9:00+9:30	Arrival, welcomes, beverages, snack-Atrium Discussion of day's activities Explaination of Age Referenced Charts Development of a Language Sample/MLU (Mean Length Utterance)			
10:00-15	Set up in Observation Room Observation, Interaction with Children			
11:00	Move to Gymnasium Observation and Interaction with Children			
11:30	Observation of Mealtime Discussion with Service Providers			
12:15	Pizza and Discussion			
1:00	Summarize Individual Child's Development (with team member) Development of an Individualized Plan			
1:30-45	Team Discussion of each Child with Group			
2:15-30	Curriculum Question and Answer/ General Discussion			
3:00-3:15	Closure/Evaluation .			

Individual Consultation on Screenings View DDST Film

AGENDA

Progress Resource Center Staff

Awareness/Consultation Sessions

March 12, 1984 11:Q0-3:00

11:00-11:30	Arrival, introductions, beverages, snack
11:30-12:30	Macomb 0-3 Model Overview Model Overview Slide-Tape Sharing Center Videotape Explanation Replication Procedures
12:30-1:30	Assessment in Macomb Model-A Review Steps-Up Screening Instrument Alpern-Boll Developmental Profile REEL-Receptive-Emergent Language Scale Usgiris-Hunt Scales of Cognitive Development
	Additional Assessment Instruments:
	ELM-Early Language Milestones Birth to Three Developmental Scales Callier-Azusa Scales
1:30-2:00	Stretch, talk, munch
2:00-3:00	Program Evaluation Procedures in Macomb Project
3:00-3:30	Overview of Macomb Core Curriculum
3:30 4 00	Closure/Evaluation

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Early Intervention 0-3 Workshop Sioux Falls, South Dakota

April 6, 1984

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Facilitator: Sue Marshall

Training Coorinator

OUTREACH: Macomb 0-3 Project

- Agenda -

Morning Sessions

Welcome, Introductions

Overview Macomb 0-3 Project Components

Model Development, Historical Perspective
Home Visits
Sharing Centers
WADE-Water Activities for Developmental Enhancement
Core Cirriculum
Program Evaluation

Outreach Services, Replication

Overview Infant Curricula Development

Overview Macomb 0-3 Core Curriculum:

Introduction - Philosophical basis Review Developmental Areas, Skill Sequences, Skill Areas, Activities, Adaptations

Break

Afternoon Sessions

Sharing Centers: An Effective Method to Involve Parents

All that you need to know to plan, implement, and evaluate Sharing Centers in your program.

Needs Assessment

Inital planning Activities for children and parents Activities for parents Snacks Evaluation

Discussion

Closure on worshop Evaluations This Agenda will be reorganized to ac-commodate our attendance.





Utilizing Infant Curriculum Effectively Workshop Sponsored by Children's Development Center Conducted by Outreach: Macomb Regional 0-3 Project Project RHISE/Outreach

8:30 - 3:30 Daily Tuesday - Thursday, August 7 - 9 1984

	Day 1 - August	7	
•	8:30-10:00	Overview Infant Curriculum	RHISE .
•	•	Review various approaches	Mary Lindahl
	· · · · · · · · · · · · · · · · · · ·	Curriculum Syllabus	Maria Pace
	•		Steve Smith
	10:00-10:15	Break	
	10:15-12:00	Introduction to Macomb	Macomb
97	ger en	Core Curriculum	Sue Marshall
	12:00-1:00	Lunch	•
	1:00 - 3:30	Training & Practice	Macomb
	,	Macomb Core Curriculum	Sue Marshall
5	Day 2 - August	8	
	8:30 - 9:30	Developing Instructional Objectives	Macomb
			Sue Marshall
	9:30 - 10:00	Practice with Infants	
	•	and Parents with Macomb	Macomb
		Curriculum	Sue Marshall
	10:00-10:15	Break	•
		Discussion & Review'	•
	10:30-12:00	Sensorimotor Assessment and	Maccmb
٠	1	Curriculum	Sue Marshall
	1	Lunch	b .
	1:00-3:30	Training and Practice	Macomb
	1	Sensorimotor Curriculum	Sue Marshalb
	Day 3 - August	· ·	
	8:30-9:00	Sensorimotor Approach Review	Macomb
	2.00 3.00	and Practice	Sue Marshall
	9:00-9:30	Practice with Parents/Infants	age Meraneri
	9:30-10:00	Discussion and Review	
٠	10:00-10:15	Break	
	10:15-12:00	Parent Curriculum,	RHISE
		Teaching Activities	Maria Face
•		for Parents - TAP Overview	Mary Lindahl
		·	Steve Smith
	12:00-1:00	Lunch	
	1:00-2:15	Training & Practice - TAP	RHISE
		•	Maria Pace
		<i>y</i>	Mary Lindahl
	2:15-2:30	Break •	•
	2:30-3:00	Practice with Parents & Infants	RHISE
		using the TAP	Maria Pace
			Mary Lindahl
	3:00-3:20	Discussion & Review	
	3:20-3:30	Workshop Wrap up, Evaluation & Feed	back
		· ·	•

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Minutes from Meetings

SITE STAFFING JULY 18, 1984

Present were: Cathy Cunningham, Marilyn Peterson, McDonough Ct. 0-3

Mary Strode, Sue Marshall, OUTREACH: Macomb 0-3

Agenda:

10:00 Hellos Transition

Training/Review:

PBP-Parent Behavior Progression

HOME-Home Observation of the Maternal Environment

EPS-Evaluation and Programming System

NOTE: Both Cathy and Marilyn responded positively to all the instruments and seemed to agree that they would be useful revisions of the Systematic Observation and Human Interaction Analysis as data could be used for evaluation purposes. Sue will follow-up with information on the EPS after meeting with Dale Gentry next month. Both the PBP and the HOME are available in the OUTREACH office.

11:30 Share materials with sites:

-Handouts from WADE training 1

-"Working in a Partnership"

*-Practical Parenting Newsletter

-Newspaper article on WIRCCA project

-Galledet Catalog

-Totline

-CIREEH Study

-Development Checklist from school district project (original)

-Upcoming conference

*-Kaplan Catalogue

-EPS form

NOTE: to be returned to the OUTREACH office

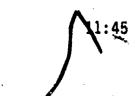
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Sharing Center training will be held for potential replication sites here in Macomb at Horn Lodge on August 27-29. Cathy and Marilyn have agreed to reschedule their Center for the 29th at Horn Lodge from 10:00-12:30/1:00.

OUTREACH will help provide transportation if necessary, provide materials for the Center (activities will be planned by trainees at the session on the 28th with help from OUTREACH staff and Cathy's and Marilyn's input), and provide salads for lunch for all at the Center on that day.

Mary will talk to Cathy the week of August 20-24 to get a list of the parents and children. We will all brainstorm some ideas for a Great Outdoors type of Sharing Center until that time.

Mary also asked if Cathy and Marilyn could send a copy of Child Summary forms for those children terminiated from their caseload for easier data collection. She also noted the need for a way to denote on that form the type of handicap and whether it is a severe, mild, or moderate delay. OUTREACH staff are concerned that children are



not labeled at an early age, but want evaluation data to reflect true progress-something that is hard to discern from numbers only. Perhaps a coding system could be devised for types of handicaps and severity and a simple number/letter code placed on the summary form befor turning them in to the OUTREACH office. We'll think about this one and talk about it again soon.

12:00 Sack Lunch

1:00 Visit to Project SACK-lending library located at the Macomb Library

1:00 Good-byes

Next site staffing: to be held in conjunction with 0-3 Consortium in Sept..

Addendum: :

OUTREACH staff should be aware that the Macomb 0-3 program is looking for personnel to fill a part time position there. This person will work half time on 0-3 duties and half time on sustaining care. He/she should have a bachelor's degree in education, social work, etc. Also, there are two positions full time, in the 0-3 program in Canton continuation site. One position to replace Kathy Coker, and another to expand services in Fulton Ct.

MACOMB AREA INTERAGENCY COUNCIL

MINUTES: January 18, 1984

PRESENT:

Mary Slater announced that WIRC is taking applications for the Weatherization Program. 76 homes in McDonough County will be weatherized. A home can receive weatherization funds only one time, but a person may apply again if they are in another home.

WIRC Program Reports

- Clothing Program-1718 W. Jackson (former Chop Shop) is open 8:30 a.m. 11:30 a.m. Monday or by appointment. Persons can come directly to the store. They can complete applications at the store but they must bring proof of identity.
- IHEAP-Program still has funds available.
- Food Distribution-February 10th is the next food distribution at Wesley Church from 10:00 a.m. 12:00 noon.

Bob Johnson of the Public Health Department clarified one aspect of the W.I.C. program. An applicant must meet the income requirement and have a nutritional/medical need--income level alone is not enough.

Public Health has also received funds for a pilot project to fund Well Child Clinics, age 0-5. There will be four clinics during the first year. The first clinic will be January 19. The program is designed to assist parents above the D.P.A. financial guidelines but financially limited. Income guidelines are similar to W.I.C. Children will be accepted on a referral basis, primarily from Public Health cases with a few outside referrals. 10-15 children will be seen per clinic. Families must have a physician in order to participate. Contact person is Bonnie Bartlett.

Sue Marshall of Outreach announced that they have been asked by the Superintendent of Schools to assist in the development of a newsletter for new parents. The school district received a small grant for the project. The first meeting to develop the newsletter will be in January. A suggestion was made that Outreach coordinate with project Sharing and Caring.

Marilyn Voss of Birthright reported that her group is greatly in need of beds and drapens. Any person having such items should contact Birthright.



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High Education Advisory Committee Minutes March 9, 1984

Present

Susan Vogel Gail Harris Carol Wren Tosh Hisama Rosemary Egan Donald C. Davis Jane W. Blalock Barbra Lancelot Shirley K. Morgenthaler Martie Wynne Robert A. Henderson Patricia A. Atherton Randy Becker Sister Marie Grant Lynn Moore Patti Hutinger C.G. McAndrews Elma M. Leigh Judy Ivarie Arthur Neyhus Kay Robinson

Barat College Saint Xaiver College DePaul University Southern Illinois at Carbondale Northeastern Illinois University Augustana College Northwestern University Illinois Institute for Developmentally Disabled Concordia College Loyola University University of Illinois - Urbana Chicago State University Concordia College Rosary College ISBE - DSES Western Illinois University Lake-McHenry Regional Program Western Illinois University Eastern Illinois University University of Illinois - Chicago Illinois State Board of Education

I. Introduction/Announcements

The meeting was called to order at 10:00 a.m. by Jane Blalock, Chairperson. Introductions of members and guests were made.

II. 0-3 Services Currently Available in Illinois

Lynn Moore, Consultant for Zarly Childhood Handicapped Program, ISBE, discussed funding options and "state-of-the-art" services. Dr. Patricia Hutinger of Western Illinois University and Greg McAndrews of the Lake-McHenry Regional Program presented state-wide data and comprehensive program information. An overview of that information follows.

Services for 0-3 handicapped in Illinois are provided and funded by:

Federal funding -HCZEP
Hospitals
Public Schools
Department of Mental Health
Private/Not for Profit Organizations



Appendix C:

New Evaluation Forms, Evaluation Data Summaries, and Sample Evaluation Data

Sample Forms

Evaluation Data Summaries Outreach Services Core, Curriculum Birth to Three Symposium

Sample Parent Ouestionnaire Summary

Sample Evaluation of Outreach Activities

Sample SAAP Printout

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180



Sample Forms



CORE CURRICULUM EVALUATION

Тур	pe of Agency:			·	•			•
Pos	sition:			-	, •	*		•
Nun	mber of Handicapped	l Children You	Serve:					
•								
1.	Is your program:							
	•	Serving 0-3						
	^	Handicapped Other (spe		Non-Handic	apped		_ At	Risk
2.	Specifically, in	what ways was	the cur	riculum use	d in you	ur pro	gram?	
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	Parents					•		•
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SITE STAFF QUESTIONNAIRE

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Α.	Knowledge (list areas or to	pics of knowledge)
	(Ex: Knowledge of stages o	f the grieving process)
		1
В.	Skills (list type of skills)
,	(Ex: Ski≩ls fór dealing wi	th parents in various stages of grief)
C.	Changed attitudes (list kin	ds of attitudes developed)
	(Ex: More empathy for grie	ving parents)
	you think your participation ities for career advancement	



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ERIC Full text Provided by ERIC

Evaluation Data Summaries
Outreach Services
Core Curriculum
Birth to Three Symposium

SUMMARY OF WORKSHOP/IN-SERVICE EVALUATIONS

1.0	Date: 10-83-9/84
2.0	Sponsoring Agency: Various agencies including: HCEEP Rural Conference, 0-3 Consortium
3.0	Topic: Programming for Infants, Hearing Impaired, Family Systems, Language Developmen
4.0	Presenter: 0-3 Project Staff
5.0	Total Present: 57
6.0	Occupation of Participants: Child Development Specialist, Pre-School Co-ordinator, Psychologist, Rehabilitation Counselor, Social Worker, Physical Therapist, Education Consultant, Nurse, Speech Pathologist.
7.0	Total Number of Handicapped Children Served: 930
8.0	Overall Rating of Presentation: 14/27% excellent 37/73% good fair poor The following code was used for rating each item: 1 - lowest score 3 - average 4 - highest score
	9.0 Was the content of the workshop appropriate for your needs?
٠.	1
1	Comments: Very helpful for witing objectives. Content will be very appropriate for me to share with new 0-3 teahcers. Plan similar inservice with audiologists. Workshop was excellent, Very helpful. Lots of material, pretty detailed. Excellent video-tapes - made points clea er and provided transition from one to the next. O.O Did you gain new knowledge as a result of this workshop? 1 24/7% 3 15/28% 4 22/40% 5 13/24% Hean: 3.81 Comments: Needed longer to present. Covered material too quickly. Especially research regarding parents knowledge.



11.0	was the pr	esenter we	II prepa	red?	• :			•
• .	1	2 1/25	3 2/3%	4 23/42%	5 <u>29/53</u> %	,	Mean:_	4.45
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12.0	Did the pr	esenter de	monstrate	e expertise	e in his/he	er field?		
,	1	2 1/2%	3 4/7%	4 22/40%	5 <u>28/51</u> %		Mean:_	4.40
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13.0	Did the pr	resenter re	spond to	questions	satisfacto	orily?'		•
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15.0	Were writt	en materia	ls used i	n/the pres	entation, h	nelpful as ir	struction	nal aids?
	1 1/2%	2 1/2%	3 13/24%	4 14/26%	5 25/46%	,	Mean:	4.13
v		the grad c	lass on p	reschool m	ethods and	of same age materials. andouts will	· Nandou	ts from
	*	•		·				
16.0	Total numb from staff	•	icipants	interested	in receiv	ing training	or other	services
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	Nature of training pr	<i>I</i> .	Request	s for addi	tional inf	ormation on	project_a	nd

C .

Summary of Training Evaluations

o .	Date:	10/83	- 9/	84	••• ·	•	, at		9			, ,	
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)						ncies, in		g: Macom	0-3 P	roject	, On	nak S	choc
								Home Vi	sits, S	haring	Cer	iters	
	Presen	iter:_	Maco	mb 0-3	staff		•				,		
	Total	Preser	nt:	18						<u> </u>			
	Occupa	tion:	Day 'C	are Di	rector,	Speech	Patholog	gist, Pre	-school	Teach	ers,	Sch	100
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Did the trainer(s) meet the objectives for the session? NA 1 2 31/6 47/39510/56 M = Comments: Do you feel you understand the Macomb 0-3 Project model and the services provided by the OUTREACH staff? NA 1 2 31/6 46/33511/61 M = 4 Comments: Information received is very clear and seems very thorough. Did the training session provide you with new information? NA 1 2 31/6 42/12514/82 M = 4 Comments: Yes, the booklet had lots of good ideas for sharing centers. Especially appreciate PT's demonstrations. Did the training satisfactorily prepare you to implement the components of Macomb model which the program is adopting or replicating? NA 1 2 31/6 47/4159/53 M = 4 Comments: To begin the program - more training will be needed at a late date. Now to get it across to the parents, so they do it appropriately. Do you think the Macomb 0-3 Project model or model components will work in program?	Did the tra NA 1 Comments:	ainer(s) formulate objectives for the session? 2 .3 1/6 4 5/29 5 11/65 Would have liked to received more handouts for myself.	M = 4.
Do you feel you understand the Macomb 0-3 Project model and the services provided by the OUTREACH staff? NA 1 2 31/6 46/335 11/61			
Do you feel you understand the Macomb 0-3 Project model and the services provided by the OUTREACH staff? NA 1 2 31/6 46/335 11/61			
provided by the OUTREACH staff? NA 1 2 3 1/6 4 6/335 11/61	NA I	iner(s) meet the objectives for the session? 2 31/6 47/39510/56	M = 4.
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Did the training session provide you with new information? NA 1 2 31/6 4 2/125 14/82	-	- (- 2)	M = 4.5
Onments: Yes, the booklet had lots of good ideas for sharing centers. Especially appreciate PT's demonstrations. Did the training satisfactorily prepare you to implement the components of Macomb model which the program is adopting or replicating? NA 1 2 3 1/6 4 7/415 9/53 Comments: To begin the program - more training will be needed at a late date. Now to get it across to the parents, so they do it appropriately. Do you think the Macomb 0-3 Project model or model components will work in program? NA 1 2 32/12 4 5/315 9/56 M = 4.	•	· · · · · · · · · · · · · · · · · · ·	
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Did the training satisfactorily prepare you to implement the components of Macomb model which the program is adopting or replicating? NA 1 2 3 1/6 4 7/415 9/53	NA 1	'2 3 1/6 4 2/125 14/82	M = 4.
Macomb model which the program is adopting or replicating? NA 1 2 3 1/6 4 7/415 9/53	Especailly	appreciate PT's demonstrations.	
Macomb model which the program is adopting or replicating? NA 1 2 3 1/6 4 7/415 9/53			
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program? NA 1 2 $32/12 = 45/315 = 9/56$ M = 4.	date. Now	to get it across to the parents, so they do it appropriate	∍ly.
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NA 1 2 $32/12 \ 4 \ 5/315 \ 9/56$ M = 4.	Do you thin	k the Macomb 0-3 Project model or model components will w	ork in
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	* *		
t .			

18.0	Will your program change as a result of this training session? NA 1 2 $32/1344/2658/53$ M = 4.43
	Comments: New 0-3 Program will begin as a result of the training. New program
	being developed.
•	
19.0	Did the trainer(s) answer questions satisfactorily? NA 1 2 3 41/6 516/94
20.0	Do you have any suggestions for improvement of the training session?
	None necessary. Could use more information on the actual steps one would go
	through on organizing such a program. Maybe more time, especially for questions.
á	There needed to be a few more children if they're available.
21.0	What were the strengths of the training session? Very good presentation, relaxed at
	phere, new ideas, interesting at all times. Hands on experience, videos, excellent
	location. The booklet with ideas for sharing centers. Applied very well to what
	we are starting. Handouts: Activity handouts; Getting involved in WADE at the pool.
22.0	Flexibility of trainer, the wealth of info-suggestions made to help with our program. What follow-up services would you like to request from the OUTREACH staff following this training?
	Just to be informed of anything new or new ideas for sharing centers.
	Consultation perhaps concerning implementing WADE goals.
	More information for working with other professionals ,
,	Available resource person to answer questions, provide additional information, etc.
8 ~	I think examples of actual cases would be helpful for new teachers to understand working in the home environment.



SUMMARY OF PRESENTATION EVALUATIONS

	Para 10/03 0/04
1.0	Date: 10/83 - 9/84
2.0	Sponsoring Agency: Various agencies including: RAP/Headstart, Montana Symposium, Spoon River College, Council for Exceptional Children Convention, Progress Resource Center
3.0	Topic: Project Overview, Assessment, Sharing Centers, Evaluation Techniques, Core Curriculum, Sensitivity to Parents of Handicapped Children
4.0.	Presenter: Project Staff
5.0	Total Present: 161
6.0	Total Number of Handicapped Children Served: 3443
7.0	Overall Rating of Presentation: 7.1 77/50 excellent
٠	7.2 <u>66/43</u> good \
, "	7.3 <u>10/6</u> fair
	7.4poor
	The following code was used for rating each item: 1 - lowest score
	2 3 - average
	4 5 - highest score
8.0	Was the presentation informative?
0.0	·
	1 2 2/1% 3 29/19% 4 54/35% 5 72/46% Mean: 4.25
9.0	
	1 2/1% 2 6/4% 3 24/15% 4 68/42% 5 59/37% Mean: 4.11
10.0	Audio-visual materials used during the presentation were helpful instructional aids:
	1 1/1% 2 5/3% 3 26/16% 4 52/33% 5 72/46% Mean: 4.21
11.0	Was information presented in a clear and understandable manner?
- T- U	1 1/1% 2 4/3% 3 20/14% 4 41/28% 5 80/55% Mean: 4.34
	1 171% Z 475% 3 20/14% 4 41/28% 3 80/33% Plean. 4.34
12.0	Did the presenter(answer questions satisfactorily?
	1 2/1% 2 6/2% 3 19/14% 4 42/30% 5 75/54% Mean: 4.37
13.0	Total number of participants who wish to receive more information about Project
	and available services: 86
	Nature of requests: Request for further information about the Project - components

ERIC

14.0 Overall comments from participants:

You did a great job. You could slow down a little bit. I know you had lots to tell us and not enough time to present all the information you had.

Very nice presentation - thorough, very precise, very enjoyable

Really enjoyed this presentation and found it extremely informative.

She gave a very nice, presentation.

Very well presented expecially like taped conversation with parents.

The audio-visual portion was excellent

She encouraged sharing which was beneficial to the group as a whole.

Good group dynamics/format & Enjoyable to listen to speaker.

Great session! She did an outstanding job of presenting information.

Presentation was very informative and atmosphere was relaxed. Enjoyed it very much.

Very interesting concept of getting parent involvement.

Very helpful and interesting.

Very interesting presentation - am excited to use the materials.

Would love to have this program in my area.

Helpful presentation! Time too short or content too long!

I have been using Usgiris-Hunt for 5 years and am pleased that you program sees it's value and is willing to share it with us.

Assessment appears to be interesting, difficult to grasp fully from one 90-minute presentation.

I thought we would spend more time reveiwing the items on your adapted instrument.

Impressed with current accountability materials. Would like to be aware of changes and new materials.



Summary CORE CURRICULUM EVALUATION

From Order's

uat	e:
Тур	pe of Agency: <u>See Attachment</u>
Pos	sition:
Num N :	nber of Handicapped Children You Serve: 381 (1 site: NA, 2 sites did not report
	Is your program: Center based 1 Home based 2 Combination 4 NA 1
	Serving 0-3 1 3-5 Other (Specify) Both 6 NA
	Handicapped 2 Non-Handicapped At Risk Combination
	Rural 2 Urban 1 Both 4 NA 1
2.	How long (in months) have you been using the Core Curriculum to develop goals, objectives, and activities for children?
	Average length of time: 2-6 months Three sites did not report
3.	Specifically, in what ways was the curriculum used in your program? To write goals and objectives for IEP's: In a class as an example of materials. As a reference; as a supplementary resource Resource to use in developing individual program plans. Resource for activities: for parents as supplemental reading material.
1 .	To supplement plans designed by related service staff Did you use other resource/curricular materials to supplement the Core Curric- ulum? No data: 1
	Yes: 3 NA: 2
5.	(Portage, HELP, Behavioral Characteristics Progression, Self-design curricular pro- What are the strengths of the Core Curriculum? cedures) Inclusion of age levels for skills; Adaptations; Comprehensiveness: Arrangement by skill reather than age level; Piagetian approach to cognitive developmentiation; Cognitive portion is well designed; well researched communication; Manageable data collection system; Quite detailed; broken down into small manageab
6.	steps; What are the weaknesses of the Core Curriculum? Please include suggestions for improvement.
	Size and length cumbersome - may have each area in spiral bound notebook. Needs columns included for materials needed for activity. Expansion of adaptations for motorically and visually impaired How to teach polar concepts, i.e. broken down into individual target for each pt. :
7.	concepts; No report: 3. Please comment on the order and content of the skill sequences and note specific discrepancies and/or deletions of relevant skills. No report: 5 5.2.12 Add: Shows materials but does not give them up
	Self Care: Chewing begins before biting Skill sequences appear appropriate
ď	

OUTREACH: Mesome 0-3 Regional Project

Type of Agency
Migrant Head Start
University Affiliated Program
Clinic (Home Based Infant Stimulation)
State School
School for the Deaf
Home Based Preschool Handicapped
Pre-School Handicapped
University Class (pre-service)

Position
Handicap Services Coordinator
Assoc. Director
Director
Kindergarten teacher (school for the deaf)

Staff Āssistant

Director

Speech and Language Clinician

May 17-18, 1984

Evaluation of Presentation

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	e: Your agency		• • • • • • • • • • • • • • • • • • • •	41
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THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM

May 17-18, 1934

Evaluation of Presentation

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THIRD ANNUAL INFANT SIMPOSIUM

EVALUATION FORM

Excepted 4 of 17 pages

Your	Agency					:
Your	Position	_				
Numbe	er of Hand	licapped	Children	Semied	•	***

1. Please evaluate the quality and usefulness of each of the presentations which you attended during the Symposium. If you did not attend a session please circle NA for that session.

	Session	1		•	Çual	lity			Usef	ulness	•
Thur	slav, May 17	Ex	colle		Good	P	cor	Very Useful	Of: Use	ome	Not Useful
9:00 AM	The Broader Impact of Intervention (Bristol)	XA	5	4	. 3	2 .		<u>43</u>	4	· · · · · · · · · · · · · · · · · · ·	X 1%
11:30 AM	Illinois State Board of Education Update (Moore)	χi	5	4	. 3	2		= <u>2.8</u> = 97 5	4	3 2	X= <u>2. :</u> 1 y = <u>. :</u>
•	Overview of Illinois Governor's Planning Council for Develop- mental Disabilities Study of the State of			, '			÷			• /	
•	the Art of Birth to Three Programs in Illinois (Huntinger & Rundall)	NA	5	4	3	2	. •	<u>2.6</u> 80 5	4 3	3 2	X-1
1:00 PM	New Directions in Early Intervention Research (Sameroff)	NA .	S	. 4	3	2	_	= 3.8 = 64 5	4 3	. 2	X=_?_
	Prevention & Clinical Intervention in the Lives of Parents & Their Infants/Toddlers (Bertacchi)	NA	S		3	2	1	5	A 3		
•	Effective Home Based Programs for Infants (Marshall & Strode)	NA NA	5.	4	3 '	2	X:	3.4	4 3	· 2	X= 2.
•	Integration of NDT/ Principles in Educat- ional Settings (Slezak)	, NA	5	4	3	2	1	3.7	4 3	2	X= 3.



	Frid	av. Mav 18 (continued)	Exce	ellent		Good	<u> Poor</u>	Very Useful	Or Some Use	No:
	•						,	, , ,		
10:30	• .	The Rural Infant Educational Program: Problem with Educational Service Delivery in a Very Rural Area (Eno & Best)	•	.5	4	3.	2 1 1		4	₩= 3
		Developing Augmentative Communication Skills in Non-verbal Children Birt to Three (Cantrell)	:h .X4	5	4			V= 48 V= 4.1 V= 57 5	3 2	. X3
•		Decision Making in Baby Situations (Hayden)	Doe NA	5	4	3	Š	(= 3.9)	4 3 2	7-1 7-1 7-1
1:30) PM _x	Sensory Integration for Children with Learning Disabilities/Minimal Brain Dysfunction (Genetti)	14	5	4	3	2 1	(=_50 4.3 ⁵	4 3 2	
	, .	Dealing with Behavioral Issues in Young Chilirer (Lewis & Sykes)	? . N.2	5	4	3	2 1	(= 4.0 ;= 58	4 3 2	
		Six S's of Parent Involvement (Smith)	.:2• .:.\	S	. 4	3.	2 1	(= <u>4.1</u> 5	4 3 2	
•		Recognizing and Facilita Feeding Patterns in Hand Capped Young Infants and Children (Brown & Buehl)	:	. 5	4	3	2 7 1	(= <u>4.2</u> 5 ;= 58	4 3 2	1 X = 1
	, ?;	What Makes an Exemplary Early Intervention Program (Karnes)	XA	. 5	4	3	2 1	(= 3.6 	4 3 2	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

Please list any comments you wish to make about individual sessions.

Session Title:

Comments:

Session Title:

Comments:

BEST COPY AVAILABLE

2. Please list any comments you wish to make about individual sessions.

Homebound Programming/Marshall -- Too much "common sense" topic - read from her note handouts noo much.

Augmentative Communication Skills -- This presentation was geared to older kids not present emphasis was placed on infants & toddlers of 0-3 age range.

Integration of NDT -- Good use of slides of "normal" children & muscle tone. She used audience very much. Room was small for size group. Chairs/tables too close!

SI Dysfunction -- Wished more time would have been spent informing me what to do with this type of child as opposed to just describing characteristics of SI child.

Baby Doe -- very well presented, interesting, gave plenty of time at end for questions adiscussion.

Behavior -- handouts, examples good

Integration of NDT -* topic didnt follow description

Augmentative Comm. Skills -- not geared for 0-3 even after asked.

SI -- A very informative & very useful session!

Theraplay -- Helpful and interesting.

In general the sessions seemed to present very basic or introductory material on the topics and were not geared toward people who already have the basics by want more in dipth information. In other words the material was not new to me, and therefore not helpful at all. I was also disapointed that there were no product displays except for a few local materials. I was very disapointed in the conference in general and am not inclined to attend in the future.

NET -- Room environment was not condusive to learning - noisy (fan & people going in and out) & difficult to hear - old smoke smell. Presentor did well in light of negative environmental stimuli. Session too long.

Room problem: "Connection" noise from air conditioner interfered with hearing speaker clearly. Impossible to hear comments from audience.

The Broader Impact of Intervention -- This presentation was excellent and gave in- of formation as to how the professional can give support to the parents.

Ill. State Board of Ed -- I feel that there wan not enough time allowed for this to be a meaningful presentation. Perhaps it should have been put in a different slot.

Functional Curriculum -- Whild the infor being presented may have been helpful, the presentation was not well organized and audiovisuals did not facilitate understanding main points...this interfered and I did not come away with any (new) tool or thoughts on a theoretical viewpoint since the title said "functional", I was disappointed!

Augmentative Communication -- nide use of hands-on materials to illustrate, very practical.

SI -- Would like to have heard specifics about how to cut down tactile defensiveness & vestibular problems.

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2. Feeding Program -- Very organized & well presented. I received some good information that I can apply.

I felt the first & day too many facts & figures were recited without there application to our own programs

The Broader Impact of Intervention -- Too many %'s studies, tests with little application for other agencies. Too bad this workshop session was mandatory! Speaker was good, but material presented was somewhat boring.

Theraplay -- Very poor session-& waste of time. No explanation of who theraplay theraplat are are (psych, PT, OT?) No real defin/discussion of what theraplay is & for what types of kids to use it

Feeding -- Good material & handouts: good application.

-Feeding

Very organized & helpful with slides, supplies - with addresses great!

Aug. Comm., Skills -- Very enjoyable but did not cover much under close to 3 years old.

Overall presentations were well organized & useful. Two hour sessions is good idea!

Research -- Handouts/bibliography please!

Karnes -- I was disappointed that presentation was "read" to us.

Theraplay - Too rushed, too generalized, needed more time or more defined area in order to get the essense of the therapy.

Functional Curriculum -- too much emphasis on list of resources & reading the overheads directly as opposed to adding new information.

Theraplay -- Excellent! Wonderful concrete examples of the theory.

NDT -- Room was not condusive to presentation. Couldn't hear questions/answers on important topic.

Sensory Integration -- Very idssapointed - Exspected hands on ideas - what to do in specifics.

Augmentative Communication -- Very good - but should have had handouts. She gave out too much information to write it all down.

New Directions - Research -- Excellent - presentor was very in tune with 0-3 kids and info from research very helpful;

Theraplay -- Seemed to try to sell their program to us as being the best therapy rather than information giving. No info on theraplay given, only history. I'm sure a sot of people were disellusioned (largest amount of people at this one!)

Lang Dav. -- Good with porblem solving - very useful .

Feeding -- well organized good info & literature.

Developing Augmentative Comm. Skills -- most of session was for older children. Very little was related to young child.

Sameroff is interesting but should do new findings in research & not just repeat has talk year after year.

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2) 26

Sample Parent Ouestionnaire Summary

MACOMB: 0-3 REGIONAL PROJECT

PARENT QUESTIONNAIRE: EVALUATION OF PROGRAM

Date: 6 / 84

Interviewer's Name: MCRC 0-3 Program

Parent's Name (optional):

N = 14

INSTRUCTIONS: The interviewer should be an individual who is not directly engaged in providing services to children in the program being evaluated.

Read the questions and provide additional explanation or information as necessary, naming the possible responses. Record the response to each question, writing additional comments as indicated by the parent.

Revised form taken from TADS adaptation of the parent survey in Final Report on Evaluation of H.C.E.E.P. Battelle, Columbus, 1976.

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Fourteen parent satisfaction questionnaires were returned, several of which were not completely filled out therefore many questions have less than 14 total responses. Numbers on the compiled form indicate number of respondents/percentage of total submitted (14).

Twelve families reported participating in home visits, five in Sharing Centers. Length of time in the program varied from 2 months to almost 3 years with three reporting less than three months involvement.

All listed services were provided to at least one family with medical evaluations reported six times and speech and hearing evaluations reported four times.

Mothers were the ones most frequently reported as being involved with the program (11) with fathers and brothers and sisters next (4 each).

Thirteen respondents reported that they had a chance to participate in the program with 14 (100%) indicating that activities, were provided to them for their children by project staff. Five said they helped plan activities while seven reported they did not. All listed types of activities were reported as being provided to them to work with their children. The most frequent type of activity reported was motor (11) followed by language and speech (10). Reasoning, problem solving and thinking skills was reported least (4).

Thirteen families reported that they were told how to carry out activities with 14 (100%) indicating that they did carry them out. Nine families reported doing the activities several times a day and three several times a week.

Thirteen respondents felt the activities planned for their child were helpful and many reported positive gains from the program.

All fourteen reported that they had gained something as parents from being in the program. Each listed skill was checked frequently, 10 to 13 times.

Thirteen parents reported being satisfied with the program provided to parents and to children. (None indicated "no.") Nine felt the program would benefit their child in the future. Two parents suggested group activities or activities away from home as improvements to the program. (Possibly interested in Sharing Centers?)

All general comments were positive - program is terrific . . . excellent teacher . . . kind and understanding . . . helping me cope.

These parent satisfaction questionnaires indicate a very positive attitude on the part of parents to MCRC 0—Program. The variety and appropriateness of activities and the support given to parents in carrying them out was seen as a particular strength. All parents felt they had gained as parents from involvement in the program and comments indicate they feel they are their child's primary teacher. Few suggestions for improvement and no negative comments were received.

SUMMARY OF FAMILY INVOLVEMENT IN PROGRAM

I have participated in:12/86	Bi-Weekly - 2 Home Visits - How Often? Weekly - 4 Monthly - 2
5/,36□	Sharing Centers - How Often? Monthly
<u> </u>	WADE - How Often?
****	Parent Meetings - How Often?
	ed in the program? Range from 2 months to 3 years.
I have: 7/58 (Check what you have done)	shared information we have learned from the program with others
2/14	helped plan activities, meetings for the program
· · · · · · · · · · · · · · · · · · ·	written letters to congressmen about support for programs
10/71	filled out a form like this before about the program
1/7	charted activities we have done with child at home
I have had these services provided through the program:	medical evaluations (such as doctor's appointment, Crippled Children's Clinic) 6/43
(Check services provided)	speech evaluation 4/29
	hearing evaluation 4/29
	vision evaluation 2/14
	occupational therapy visits 1/7
	physical therapy visits 1/7
	supplemental funding information 2/14
· ·	other 1/7 - Information on WIC program and advice on child care.
These people who care \Box .	mother (how? 11/79)
for my child have been involved with the	father (how? 4/79
program: (Check those who have	brothers, sisters (how? 4/29)
been involved)	grandparents (how? 3/21
· Q	other relatives (how?)
Ö	babysitter/day care (how? 1/7)
*	others (how?)
	206

	13/93 □YES	COMMENTS	an:
	□NQ		7
,	2. Were you 14/100□YES □NO	given activities to do with your child be *COMMENTS	by the program staff?
•	3. Did you he 5/38	elp plan the activities for your child? COMMENTS	
-	4. What kind	s of activities were provided for you to	work with you shild?
		ge and speech (such as talking, saying s	
٥		(such as walking, jumping, balancing, fi	· · · · · · · · · · · · · · · · · · ·
	• '	are (such as toileting, dressing, feedin	
		ion span (being able to stay with one ac	
)		ing, problem solving, thinking skills	
		g along with other children and family m	embers
;	** `	or management (such as handling tantrums	
•		Sleep patterns, tracking	
**	5. Has the pr how to car 13/93 YES	rogram staff told you how to carry out there out?	he activities or helped you plan
,	☐ NO	COMMENTS	
	· ·		· .
		arried out the activities with your chil	ld?
•	14/100 YES □ NO	If so, how often?	
		Several times a day - 9 .	Once a week *
	•	Once a day- 1	Several times a month
		Several times a week -3	Once a month
	,	Other	
		۵	

	/	gram staff loan	ed you toys or	materials to h	elp you do the	: activities:
	71' YES 29. NO	COMMENTS	•	``````````````````````````````````````		
। जर्	دع. احما					
	. Were the act		•	lped plan helpf at she was lear		- 13
1/	7 NO	her change an	d grow.		1 - 1 - Santa	
٠		.			• 1	
9,	If you have	not used the ac	ctivities, for	what reason ha	ven't you used	them? -
1/	7 Didn't ha	ive time	· ·		•	
2/	14 🔲 Didn't ha	ive materials I	needed	•		• • • •
•	□Didn't kn	low how to do th	ne activities		74	35
	☐ Didn't th	ink they would	help my child			
٠	☐No partic	ular reason		. 1		•
	Other		,	·		
10.	with his musc Learned to ho on her own.	cles. I feel si old up her head	he has learned . She is far i get along with	rom the program things she show more developed to other children ncern.	uld know. Man than if she'd	y things. been left
14/1	OO YES	COMMENTS I have needs to neip ment. Helps nand how to har	nim. we are need how are need to he need to	ne program with with with with with with with any help any help reason the program help what problems rogram?	and found of the second of	ent behavior
11/7	8 Mowledge	of my child's	problems and m	needs		A A STATE OF THE S
13/9	3 Better un	derstanding of	child develop	ment		
10/7	1	of activities	for my child		,	
12/8	6 🔲 Better un	derstanding of	the importance	e of, working wit	th my child	I.
10/7	1 □Skilĺs fo	r working with	my child	•		•
	Other		e			
	•					



11. how to deal with them.
Being able to understand our child.
 lot of information about my son plus someone to ask a lot of questions.

13.	Overall, are	you happy with the services the program has provided you as a parener.
13/93	YES	COMMENTS They are really helping me out. I appreciate the trans-
;	□ NO ·	portation provided and the computer program.
	•	
14.	Overall, are	you happy with the services the program provided to your child?
13/93	YES	COMMENTS
	□ NO	
		•
15.		your child's participation in this program will change his/her s for schooling, jobs and a fuller participation in life?
9/64	YES	COMMENTS Hopefully for school. I feel my son is catching up and I
1/7	☐ NO	feel the 0-3 program has been a big boast!
16.	Do you have the program?	ideas for other activities or services that you think would improve
2/74	YES	COMMENTS Get together for the kids. I wish once a month or so
9/64	□NO	we would go some other place that the home - maybe your center or
		some other place a toddler would be interested in.
17.	Please add a	ny other comments you have about the program.
	. I was glad know.	there was a program like this to help me know what my child should
	They are he	elping me cope with problems.
		ind and understanding.
	I feel the	excellent teacher. Hope the program will continue. program is needed. It's someone to help you through a hard part
٠,	o <u>f raising</u>	your child.
		program is terrific. My child and I think a lot of Marilyn. She great working with my child.

Sample Evaluation of Outreach Activities

SUMMARY OF WORKSHOP/IN-SERVICE EVALUATIONS

1.0	Date: May 10, 1984			,	
2.0	Sponsoring Agency: HCEEP - Rural Conference			· · ·	.4
30	Topic: Programming Infants in Early Intervention	; ;	J		
4.0	Presenter: Sue Marshall		s		,
5.0	Total Present: 20 Evals.		*	,	
6.07.0	Cocupation of Participants: Preschool Supervisor Social Worker = 3 Aide = 1 Preschool Teacher = 6 Total Number of Handicapped Children Served: -304	- 2	Rehabilita Nurse - 1 Education Speech Pat	Consultar	(° nt - 1
8.0	Overall Rating of Presentation: 3/15 excellent 17/85 good fair poor	45			· · · · · · · · · · · · · · · · · · ·
•	The following code was used for rating each item:	2 3 - ave 4 5 - hig	vest score erage shest score		
	1 2 3 10/53 4 7/37 5 2/11 Comments: Very helpful for writing objectives.	·Me	ean: <u>3.6</u>		•
10).O Did you gain new knowledge as a result of this	worksho	op?		
	1 2 <u>1/5</u> 3 <u>10/50</u> 4 <u>7/35</u> 5 <u>2/10</u>	<u>)</u> 116	ean: 3.5	•	•
	Comments: Covered material too quickly - not en Would have been useful to have handouts of over these were gone over quickly and there was not Needed longer to present.	-head r	notes to take		



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	1	2	3 1/4	4 8/40	5 11/55		Mean:_	4.5
	Comments:	· •	•					
				-		· .		
•		-						
2.0	Did the p	resenter	demonstrat	e expertise	in his/he	r field?	0	•
	1	2	3 1/5	4 11/55	5 8/40	•	Mean:_	4.3
•	Comments:		· · · · · · · · · · · · · · · · · · ·		V.	, ,		
•					, D			
3.0	Did the p	resenter	respond to	questions	satisfacto	rily?	· · · · · · · · · · · · · · · · · · ·	
			4	4 <u>8/47</u> ity (time)	•		Mean:_	3.9
		• 21				<i>k</i>		
•		· ·	• •		•			
.0	Were A/V	materials	used in t	he presenta	tion helpf	ul as inst	rucțional	aids?
	1	2	3 4/21	4 5/26	5 10/53	•	· flean:_	4.3
	Comments:	Especia	lly the vic	deo tape.		· •		
. "		:	مسر		•			4
5.0	Were writ	ten mater	ials used :	in the pres	entation h	eloful as	instructio	nal aid
	1 1/5			4 5/26			Mean:_	
	Comments: Not enoug	Feel par	rticipants o use effec	should get	handouts	on curricul	um present	ted.
,	·	• • • • • • • • • • • • • • • • • • •	•			° 4₽ [√]	•	1,
	2				l in receiv	,6		

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SUMMARY OF PRESENTATION EVALUATIONS

		164	•
1.0	Date: 4/12/34		
2.0	Sponsoring Agency: Montana Symposium	•	1,0,1
3.0	Topic: Sharing Center	£	· An opposite the second secon
4.0	Presenter: Sue Marshall		
5.0	Total Present: 7 evals.		
6.0	Total Number of Handicapped Children Served:	`111	
7.0	Overall Rating of Presentation: 7.1 1/14	excellent	
4.	7.2 <u>5/71</u>	good	
	7.3 1/14	- fair	
, '	7.4	- Door	
	•		
·ş	The following code was used for rating each	item: 1'- lowest	score
,		3 - average	
		5 - highest	score
8.0	Was the presentation informative?		•
e .	1 2 1/14 3 2/29 4 1/14 5 1		Mean: 3.6
		·	•
9.0	Did you gain new knowledge as a result of th	•	the control of the co
	1 2 3 _2/29 _4 3/43 5 _2	2/29 ;	Mean: 4.0
			en de la companya de La companya de la co
10.0	Audio-visual materials used during the prese	intation were helpt	ul instructional aids:
	1 2 3 <u>2/29</u> 4 <u>3/43</u> 5 <u>2</u>	2/29	Mean: 4.0
11.0	Was information presented in a clear and und	lerstandable manner	?
	1 2 3 _3/50 4 1/17 5 _1	<u>2/33</u>	Mean: 3.8
17 0	Did the presenter(s) answer questions satisf	actorily?	e to
14.0		•	
	1 2 3 <u>3/50</u> 4 <u>1/17</u> 5 <u>3</u>	<u>2/33</u>	Mean: 3.8
13.3	Total number of participants who wish to rec	eive more informat	ion about Project
	and available services:6		•
	Nature of requests:	E	EST COPY AVAILABLE
<i>(</i> *)	#	_	4
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The second second	•		

14.0 Overall comments from participants:

Good information Very interesting concept of getting parent involvement.

SUMMARY OF TRAINING EVALUATIONS

	Sponsoring	Agency	: Ho1	iday Scho	ol, Pek	in; UCP	- Otta	Mġ	• • • • • • • • • • • • • • • • • • • •	
3.0	Topic:	WADE		•	·.	·				
4.0	Presenter:	Sue	Marsha	ll and Ju	dy Stro	ng	•			77
5.0	Total Pres		8	·				9 +		
6.3	Occupation	• <u>Pa</u>	eecn La rent In	ngwage Pa fant Educ	thologi ator -	st - 1 5; PT A	ssist.	- 1; Socia	Worker	- 1;
	,		· · · · · · · · · · · · · · · · · · ·	·				.,		
7.0	Total Numb	er of H	anci cap	ed Childr	en Serv	ed:	= 184	•		•
ູ່ຂ. ງ	Overall Ra	ting of	Present	ation: <u>5</u>	/63	excell	ent	* . •		•
•	v.			_ 3	/37	acod			•	
	· · · · · · · · · · · · · · · · · · ·					fair		* 4.	•	,
	The Selle		•			poor		_		* .
	The follow	ing coce	3r 35 45	ed for ra	ting ea	cn item	z · 1 - 2	lowest scor	•e	in the second
•	•	•	•		•		3 - 4	averace		
e un	\ \ *		J.			•	THE REAL PROPERTY.	picnest sco	re	
9.0	Was the for	rmat of	the tra	ining ses	sion ap	propria	ta? .			Ř
	ÑA	L	2	3	4 3	/37 5	5/63	MEAN: N	1 = 4.63	
	Comments: pecially w		erials t	han what	I alrea	dy have	e: very	good, usef	ul activi	ties, e
10.0	Were the A/	**	ials he	loful as '	instruc:	tional :	i todls?		ı	•
**				3 2/2		•		MEAN: N	1 =3.75	
•	,		-					1.67011		
			ф ;	•						æ.
	Were writte	n mäter	iais usa	ed durina	the tra	inina k	alnful	as income	rional to	
11.0			* .	ou dan ing	•		•			10 IS ?
11.0	NA 1		2	.		5	U / 1 (1) (1	847-144	: = 5.00	

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.+0	Did the	trainer(s) formul	ate object	ives for t	ne session	1?
	NA	. 1	_ 2	_ 3	4 1/13	5 7/87	MEAN: 11 = 4.88
at .		2	•			•	
•	5	· -		. A manager		Sign and the second sec	
13.0	Did the.	trainer(s) meet ti	he objecti	ves for th	e session?	
	NA	1	_ 2	3	4 1/13	5 .7/87	MEAN: M = 4.88
,	Sue' and Ju	ldy Stron	g - excel	lent speak	kers		
			• •			• • •	
4. 3	Do you f by the C	eel you u UTREACH s	understand staff?	i the Maco	mb 0-3 Pro	ject model	and the services prov
				· 2 1/13	." 	e 4/50	MEAN: M = 4.38
<i>;</i>		•				3 4/30	11:An: 11 - 4.50
		•		, . ;		•	
					•	:	
; . J .	Did the	training	session n	rovide you	with new	informati	on?
	NA -	1	2	<u>^.</u> 3 <u>.</u> ^	4	5 8/100	MEAN: M = 5.00
	Especially Did the Macomb ma	training	satisfact	oril <u>y</u> pres	•	implemen eplicating	t the components of th
•	NA		•				MEAN: M = 4.00
	Comments	•	•			,	do it appropriately.
	Commencs.	. "	yet it at	1033 to ti	ie bai élies	, so they	oo ic approp lacely.
7.0	Do you th program?	ink the	Масспъ О-	3 Project	model or m	odel compo	onents will work in yo
							•
	HA 🔐 🔼	1	2	3 2/25	4 3/38	5 3/38	MEAN: M = 4.13
	Comments:	We comb	ine adult	s also. V		ave a 0-3	MEAN: <u>M = 4.1</u> 3 Progr a m to draw childr
	Comments:	We comb	ine adult	s also. V	We don't ha	ave a 0-3	·
,	Comments: from. We	We comb just adv	ine adult ertise a	s also. V	We don't ha	ave a 0-3 inity.	Program to draw childr
	Comments: from. We	We comb just adv program	ine adult ertise a	s also. V few swims s a result	le don't ha for commun	ave a 0-3 laity.	Program to draw childr
3.0	Comments: from. We Will your	We comb just adv program	ine adult ertise a	s also. V few swims s a result	le don't ha for commun	ave a 0-3 laity.	Program to draw childr
3.0	Comments: from. We Will your	We comb just adv program	ine adult ertise a	s also. V few swims s a result	le don't ha for commun	ave a 0-3 laity.	Program to draw childr

19.0	Did the 1	trainer(s)	answer questions	satisfactorily?	
,	NA	1	2 3	4 1/13 5 7/87	MEAN: $M = 4.86$
	Comments:	·	• •	\$	ÿr, •

- 20.0 Do you have any suggestions for improvement of the training sessions?

 None necessary.

 Could use more information on the actual steps one would go through on organizing such a program.

 There need to be a few more children if they're available to have one/one.
- Applied very well to what we're starting on Friday in Canton YMCA. Pt demo; Overall WADE explanation; handouts; The RPT's session was very informative and helpful. The PT was excellent and is a valuable resource for this training. Activity handouts; Judy Strong; actual swimming; refreshments The lectures given by Sue and Judy were excellent. Getting involved in WADE at the pool.
- 22.0 What follow-up services would you like to request from the CUTREACH staff following this training?

 Consultation perhaps concerning implementing WADE goals.

 Come visit us at WADE this summer Fridays 1:00 2:00.



JDRP approved

OUTREACH: Macomb 0-3 Regional Project

📆 A Rural Child-Parent Service

SITE QUESTIONNAIRE

SATISFACTION WITH OUTREACH SERVICES

Date: 10/83 - 9/84 N=3

Site Staff Member: CDS, Program Coordinator

Site: Holiday School, Pekin;

ARC of Henry & Stark Counties; Mason County Health Department

Instructions: Please read each question, marking your response on the line provided or next to the desired



1.	In w	that ways have you participated in staff development activities : have been planned by the program?
•	(1)	Seminars, short group meetings3/100%
,	(2)	Meetings with other staff (e.g., session with project director)
	(3)	Workshops
•	(4)	Continuing education activities
	(5)	College course work
,	(6)	Assigned professional reading
	(7)	Other (specify)
Ż.	How	often do you participate in staff development activities?
÷.	(1)	At least once a week
•	(2)	At least once a month
	(3)	Other (specify)
	(4 <u>)</u>	Never
3.	Do y niti	ou feel that there have been enough staff development opportues to meet your needs to function competently in your position?
•		Yes 2/66%
Γ	-(2)	Go to Item 5 1/33%
	(3)	Don't know
4.	What	additional opportunities do you think there should be?
	(1)	I would like to observe other PIE's on home visits
	(2)	· · · · · · · · · · · · · · · · · · ·
** *	(3)	

1) Yes	- 	
		•
(2). No .	Go to Item 7	•
3) Don't know		
lhad bawa wan assasi	lei	
lhat have you gained	~	· ·
1) Knowledge (list	areas or topics of knowledge)	
Spotting vision and	hearing problems.	
Language development	in young children.	4
Dealing with problem	s in home visits.	
	(list type of skills)	
	bjectives and planning activities.	(2)
Opennising films on		vitias
organizing riles an	d making new forms. Developing acti	VICIES.
• Organizing rites an	d making new forms. Developing acti	• (
•		<u>vicies.</u>
•	skills (list type of skills)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3) Implementation	skills (list type of skills)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3) Implementation Activities for hom	skills (list type of skills)	VICTES.
3) Implementation Activities for hom Sharing Centers Assessing skills	skills (list type of skills) ne visits (2)	
3) Implementation Activities for hom Sharing Centers Assessing skills	skills (list type of skills)	
3) Implementation Activities for hom Sharing Centers Assessing skills	skills (list type of skills) ne visits (2)	
3) Implementation Activities for hom Sharing Centers Assessing skills 4) Changed attitud	skills (list type of skills) ne visits (2)	
3) Implementation Activities for hom Sharing Centers Assessing skills 4) Changed attitud	skills (list type of skills) ne visits (2)	
3) Implementation Activities for hom Sharing Centers Assessing skills 4) Changed attitud	skills (list type of skills) ne visits (2)	oped)
3) Implementation Activities for hom Sharing Centers Assessing skills 4) Changed attitud	skills (list type of skills) ne visits (2) les (list kinds of attitudes devel crticipation in this program will	oped)

8.	Bid the program provide the type of staff development that your needs?	met
,	(1) Yes Go to item 10	3/100%
	-{(2) No	
9.	What needs did you have that were not addressed?	.•
٠	(1) Knowledge (list areas or topics of knowledge)	
• ;		
•		
	(2) Planning skills (list type of skills)	
		•
		•
	(3) Implementation skills (list type of skills)	•
	(4) Changed attitudes (list kinds of attitudes developed)	
		· ·
		·····
10.	Overall, are you satisfied with the services that the proj has provided to meet your staff development needs?	ect
	(1) Yes	3/100%
	(2) No	
	(3) Don't know -	
	Please rate the overall quality of services received.	•
C.		or
y ERIC	222	

(2) No	*	•		•	• "
101				•	· ·
(3) Don't know	.	•		•	
In what ways could t changed?	he staff	develop	nent compo	onent be	
•	•	}			و ما

Sample SAAP Printout and Revised Form



DATE	(CONT	ACT	TIME	ATND	LOC	S/ID#
84/06/19)	19	0312	1.30	0000	0001	. 17
84/06/19		19	0312	1.30	0000	0001	. 4 17
84/06/19)	19	0312	2.00	0000	0001	17
84/06/20)	16	0337	3.30	0001	0001	17,
84/06/20)	20	0103	5.00	0009	0004	17
84/06/22	?	19	0360	0.30	0000	0001	17
84/06/22	?	19	0210	1.30	0000	0001	17
84/06/22	į	16	0305	1.00	0001	0001	17
84/06/22	·	16	.0305	0.15	0001	0001	17
84/06/22		19	0208	0.15	0000	0001	17
•	TOTAL	TIME	IS:	20.40		•	,

DATE	CONT	ACT	TIME	ATND	LOC	S/ID#
84/06/18	19	0324	0.25	0000	0001	20
84/06/18	44	0211	0.09	0001	0001	20
84/06/18	7	0310	0.04	0001	0001	20
84/06/18	31	0310	0.09	0001	0001	20
84/06/18	19	0310	6.30	0000	0001	20
84/06/18	19	0310	2.45	0000	0010	20
84/06/19	19	0310	7.30	0000	0001	20
84/06/19	19	0310	1.10	0000	0010	20
84/06/20	19	0310	2.30	0000 `	0001	20
84/06/20	20	0103	4.15	0009	0004	20
84/06/20	20	0113	0.30	0009	0004	20
84/06/20	19	0325	2,35	0000	0001	20
84/06/21	19	0325	1.05	°000ď	0001	20
84/06/21	16	0324	0.20	0003	0001	20
84/06/21	16	0329	0.20	0003	0001	20
84/06/21	55·	0335	1.45	0002	0001	20
84/06/21	35	0334	0.30	.0001	0004	20
84/06/21	1	0364	0.35	0006	0004	20
84/06/21	19	0320	0.40	0000	0001	. 20
84/06/21/	() 22	0303	0.05	0001	0001	20
84/06/21	19	0315	0.50	0000	0001	20
84/06/21	19	0310	0.20	0000	0001	20
84/06/21	19	0310	0.30	0000	0001	20
84/06/22	16	0211	2.05	0001	0001	20
84/06/22	20	0303	0.12	,0001	0001	20
84/06/22	7	0403	0.17	0000	0001	20
84/06/22	19	0364	0.35	0000	0001	20
84/06/22	16	0305	0.30	0002	0001	20
84/06/22	19	0308	0.20	0000	0001	20
84/06/22	19	0315	3.40	0000	0001	20

TOTAL TIME IS:

46.51

Appendix D: Product Development: Revised and New Training and Management Materials

Revised Training Materials

New Training Materials.

Revised and New Outreach Procedures and Management Materials

Revised Training Materials



Pharing Center News

Excerpted

2 of 8 pages

Outreach: Macomb 0-3 Project

Spring/Summer, 1984

*** GETTING TO KNOW YOU ***

The following is an updated list of persons who have replicated Sharing Centers as of April, 1984.

Mary Martin Association for Retarded Citizens Henry and Stark County 319 N. Main Kewanee, IL 61442

Nancy Stelke Connections 2 W. Mifflin Street Rhom 209 Madison, WI 53703

Greg McAndrews Lake McHenny Regional Program 4611 Did Grand Avenue Gurnes, IL 60031

hris Meyers ue Jobst LaSalle County Easter Seals 10013 4dams Ottawa. IL 60350

Linda Raridon Iroquois Association for Retarded Citizens 9th Street & Cemetary Road P.O. Box 324 Watseka. IL 69070

Kathy Coker Community Workshop Training Center 500 North Main Canton, IL 61520

Mary Jo Miller Tot's Territory 0-3 Pulaski-Alexander Mental Health Dept. 218 10th Street Cairo, IL 62914

Rhonda McKee Wee Care Day Care Center 🚅25 North Prairie Avenue Macomo, IL 61455

Aura Stevens Corn Belt Education Couperative Preschool Handicapped Program Box 185 Parker. SD 57053

Cathy Cunningham Marilya Peterson Mary Anne Haynès McDonough County Rehabilitation Center 900 South Grant St. Macomb, IL 61455

Riverside Good Council Inc. 706 Park Ave. Newport, XY 41071

Barb Lunnemann-Stdevy First Step 350 4th St. Carlyle, IL 62231

Donna Best Karen Wordelmann Project RIEP Norris City, IL 62869

Rae Johnson Nanon Wood Center 301 South Washington Salem. IL 62869

Joyce Coleman Nanon Wood Center 2502 South Veterans Orive Effingham, IL 62401

Jan Zeidler Quincy Counciling Center Box 3246 Quincy, IL 62305

Barb Schaefer card Schaefer Child Study Center 11100 N.E. 13th St. Oklahoma City, OK 73117

Brenda Shoemake Twilla Carr Board of Education 302 S. Ninth Tecumseh CK 74873



*** FROM THE MACOMB 0-3 OFFICE ***

Parent Study Groups

often ignored and essential part of the Sharing Center concept is the Parent Study Group. It is defined by the Macomb 0-3 Model as "a time set aside during a Sharing Center when parents can talk about their special needs and obtain new information. While setting aside time and planning for a parent study group in an already too busy. Sharing Center may seem like an extra burden for an overworked CDS, the Parent Study Group is a very important aspect of the Sharing Center concept.

Parents, especially new parents of a handicapped child, need support and 'information. In our highly mobile society, families are often isolated from their extended families who, in generations past, have provided support and resources for new parents. Parents of a handicapped child face an even tougher problem. Their friends and neighbors, who might also be new parents, may not be coping with the problems of raising child and therefore, handicapped provide the empathy cannot support so badly needed.

One of the benefits of the Sharing Center is that it allows families to establish close ties with and receive support from other parents with similar experiences and dealing in with handicapped child. The Parent Study Group provides not only for learning and receiving new information, but also for developing friendships and deepening relationships. In your program for handicapped young children, you need to attend to parent development as well as child development. Growth and education for parents is an important factor in family contentment and parenting

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Establishing effective parent groups requires careful thought and preparation. First you need to consider the group of parents who attend your Sharing Center. Most likely the group is determined by geographic proxmity rather than being hand picked by you as a group that would work well together. Does the group contain a wide variety of social and economic backgrounds? Is *a" wide range of type and severity of handicapping conditions represented? Does the group feel relaxed, and open with other? Is there a need for basic child care information or is emotional support the most critical

You also need to consider each member of the group as an individual. Does he or she have specific interests or concerns about his or her child? Is he or she quiet and shy or comfortable in the group situation? What individual arent goals could be enhanced by the parent study group? Answering these types of questions will help you plan more effectively for your parent study group.

A third point to remember in working with parent groups is that parents are adult learners. Research has shown that adults learn best when they feels a need to know what is being presented; learning environment is warm, relaxed, and accepting; they share planning and operating the learning experience; and they participate actively in the learning process. Therefore, you need to involve parents as much as possible in planning for the parent study Topics groups. which relate directly to the needs of the group as a whole and to individual parents should be selected. You also need to take steps to create a warm plaxed, accepting atmosphere so Morents feel at ease and are willing to participate in open, frank discussions and sharing of problems and concerns.

A useful tool in determining parent needs is a parent needs assessment survey. questionnaire should be designed to meet the needs of your particular group and program. It include a list of topics you feel are appropriate after carefully studying your group of parents. It should also include opportunities for parents to make suggestions for study activities and ask parents how they would like to assist in planning those activities. A Parent Study Group Survey is attached which you can use as an example for developing a parent needs assessment if you are just beginning to develop a parent scudy For groups who have been group. doing parent study groups, a periodic oral discussion might reveal topics and activities of interest to parents.

Some practical considerations in establishing successful parent study groups involve adequate facilities, assistance and time. A physical arrangement which permits parents to be separated from their children for part of the Sharing Center time is helpful. Also, you will need enough help with your Sharing Center so that you and the parents can leave the children and know that they will be adequately supervised. The length of time of a Sharing Center may need to be increased to allow time for the parent study group.

Topics for a group just beginning to work together might include nutrition, child-proofing the home, and creative toys to make at home. It is a good idea to reserve more emotional and stress related topics for when the group is more wellestablished and comfortable together. Don't forget to make use of community resource people when

Revised: 5/85 SLM



Excerpted one of two pages

Video: "Infant and Toddler Development"

As you view this video on typical infant/toddler development, you will see milestones in growth and development. In order to facilitate our discussion, read through the skill sequence statements on the Core Curriculum Skill Charts within a particular age range. Keep those in mind and as you watch the videos; write down what you observe as milestones in each age catagory.

	•		,
Developmental Area	2то	5 ¹ 4no	8mo
Gross Motor			` k
Fine Motor		•	
			•
Cognitive		•	
			<u>-</u>
Communication			•
	(a)		
Social			
ď		,	•
Self-Care	7		•
ERIC	_	231	4

DEVELOPING OBJECTIVES AND FUNCTIONAL ACTIVITIES

Pick 3 major milestones which you observed and write them down after the numbers. Then, list a developmentally appropriate objective for the child using subsequent objectives listed on the Core Curriculum charts. Finally, develop three functional activities a child might engage in to facilitate achieving the objective behavior.

1. Milestone:

Objective:

Activities:

- 1.
- 2.
- 3.

2. Milestone:

Objective:

Activities:

- 1.
- 2.
- 3.

3. Milestone:

Objective:

Activities:

- 1.
- 2.
- 3.

	*	1	ACTIVITY H	I VII	•	€m.	
항 Child's`l	Name/#	***************************************	CDS	* 19	Date		· · · · · · · · · · · · · · · · · · ·
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233	•					•	
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	ę yr	Goa V.	Objective:			•	
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DATE.				
DATE:	*		•	
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WADE PARTICIPATION FORM

CDS/CDW/PIE:		a	,
Child: Parent(s)/Caregiver:		L "	
Other family members/friends attending: Special Considerations for Child:			
			<u> </u>
Child's Level of Water Adjustment: Afraid Adjus	ted/Enjoys	Floats	Swime
Parent's Level of Water Adjustment: Afraid Adjus	ted/Enjoys	Floats	- Swims Swims
Comments:		1100.03	. JW11115
		,,/	
Objectives for Child	* Activiti	es/Facilitato	rs (+/-
	•	1	(1)
	· ·		
		·	•
	. ,		
Accomplishments of the Day:		· · · · · · · · · · · · · · · · · · ·	
/		•	
	•	·	. ,
Unusual Happenings	·		•
	· · · · · · · · · · · · · · · · · · ·	,	
	,		(
COMMENTS/RECOMMENDATIONS:		•	
	,		
* * * * * * * * * * * * * * * * * * *			•



IDEAS ON WATER ACTIVITIES FOR DEVELOPMENTAL ENHANCEMENT

BENEFITS OF WADE:

1. exercises muscles, strengthens them

2. enables the child to do things (in the water) that he/she could not do on land

prepares the child for swimming 3.

4.

helps the child to feel safe in the water, but show respect for it too develops a positive attitude and self concept for the child - "I can do it!"

promotes development of gross/fine motor, cognitive, communication, social, and self help skills

provides activities families can do for a lifetime 7.

increases circulation, range of motion, deeper breathing patterns, mobility, and balance-promotes normalized tone for children with motoric handicaps

IS FUN!!!!!!!

REMINDERS AND HINTS:

- * You and your child can do some water activities at home in a baby bath, bathtub, wading pool, backyard pool, or, using a sink or basin and toys, backyard hose, buckets, plastic containers, funnels, etc. Always supervise your baby/toddler while playing with water.
- * You are a model for your child. SMILE and show your child that you enjoy being in the water. WADE activities do not have to involve going in water that is over your head. If you are very tense, talk to the CDS ahead of time and ask for assistance until you feel more comfortable.
- * Each child is different. One child may love the water from the start, others may require more time to observe others and get adjusted to the water. Set the pace for your child. Remember never to force the child to do things which stressful. We want the child to associate water experiences with enjoyment.
- * If you get tired supporting your child in the water take a break or ask the CDS to hold your child. If you want to do an activity where you face your child and want your hands free, just ask the 0-3 staff to hold your child.
- * Your child will need your physician's permission in order to participate in WADE.
- * Remember to demonstrate, repeat, and praise when teaching new activities.

PRACTICAL SUGGESTIONS:

- Bring rubber pants with elastic legs for your child to wear in the pool INSTEAD OF DIAPERS. Bring dry pants, clothes and other things you will need for the shower after WADE.
- Thirty minutes of time in the water is plenty for a young child.
- Feed your child at least an hour before WADE. Remove all candy or gum from the child's mouth before entering the pool.
- If your child is unhappy in the water take him out to attempt to find out what is wrong. She/he may be uncomfortable, hungry, tired. Try another activity or position. If things still are not going well, try try again at the next session.
- Wear your suits under your clothes. This will make the first undressing go faster.
- Do not put oil or lotion on your child before entering the pool $236\,$



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Model Fidelity Program Review

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CHILD/FAMILY INTERVENTION SUBMARY MACONIB 0-3 REGIONAL PROJECT

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~						Eva	luation				•		
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Expressive Quotient					· <u> </u>								····.
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Chron. Age				1		1		,,					



CHILD DEVELOPMENT SPECIALIST COMPETENCIES

INTRODUCTION

The Child Development Specialist Competencies were originally developed during the Macomb Model development phase. At that time they were used as both a self and a peer evaluation instrument. Home visits were taped on a regular basis and viewed by staff at staff meetings. Each staff member rated the competencies exhibited by the Child Development Specialist (CDS) and the ratings were then discussed. In this way staff provided feedback concerning areas needing improvement, as well as positively reinforcing the CDS for skills in which he/she showed a high degree of competence.

The evaluation form was revised using the Macomb Project Home Visit Component Evaluation Checklist, Model Fidelity Profile, and 0-6 Early Childhood Handicapped Competencies which were developed through a job analysis by teachers and students, a literature review, and a ranking process completed by early interventionists. Included here are only those competencies that one might actually observe during a home visit. The competencies are divided into the following categories:

- I. Competencies related to working with a child
 - A. Verbal and nonverbal interaction
 - B. Activities conducted with the child
- II. Competencies related to working with parent(s) and family members
 - A. Verbal and nonverbal interaction
 - B. Parent(s) and family involvement in activities

The CDS Competencies, along with the above-listed instruments, are currently used by Outreach staff in the process of evaluating sites replicating the Home Visit component of the Macomb Model. A ranking scale of 1-5 is used to determine competency levels after viewing a videotaped home visit or after observing an actual home visit. "The number which most accurately reflects the level of competence for that skill is circled; "I" is circled when the compeency is not observed. Most of the competencies can be observed during any home visit. Those competencies which might not be observed at all (use of related service staff recommendations, positioning and handling, etc.) or ones ones which are appropriate to a specific home visit (IEP development, assessment, completion of forms, etc.) are noted with an (*) asterik.

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The observer should fill out the cover sheet upon observing the Home Visit. A competency average can be calculated by adding up the numbers circled and dividing that total by the total number of competencies ranked. NOTE: Do not include the rankings of those competencies marked with an (*) and ranked as "1". As these are not always observed, inclusion would not be an accurate measure of competency. The observer and CDS should then discuss the summary on the cover sheet. Those competencies marked (*) should also be discussed to ascertain if they are in evidence in other home visits. The CDS and observer, whether it be and Outreach staff member or peer, can then work as a team to develop strategies, using strength areas, to improve competencies in areas of need.

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2



CHILD DEVELOPMENT SPECIALIST COMPETENCY SUMMARY

DATE	OBSERVER		
CDS	•	90	
DESCRIPTION OF HOME VISI	T SETTING AND LIST OF PARTICIPANTS;	•	· · · · · · · · · · · · · · · · · · ·
		·	
OVERVIEW OF THE HOME VIS	IT:	,	
		, u	
COMPETENCY STRENGTH AREAS	S:		
COMPETENCY NEEDS AREAS:			•
•	u W		
COMPETENCY AVERAGES:		·	•
AREA ICompetencies rela	ited to working with the child		•
AREA II-Competencies rela	ated to working with parent(s) and family members	 -	
COMMENTS:			

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₩ I.		•	RELATED TO WORKING WITH CHILD ction with child Verbal interaction	Not Observed,	Seldom	Sometimes	Frequently	Always
			1.1.1 Speaks at child's receptive language level	1 ·	2	3	4	5
			1.1.2 Responds appropriately to child's communicative efforts	ì	2	3	4	ş
			1.1.3 Reinforces child's use of language	, 1	2	3	4	5
,			1.1.4 Provides appropriate agguage modeling	1	:	3	4	5
	.'	ı	1.1.5 Expands child's language	1	2	3	4	5
		<i>(**</i>)	. 1.1.6 Extends child's language	1 7	. 2.	3	4.	5
1	· •		1.1.7 Uses positive or negative reinforcement techniques appropriately,	1	2	3	. 4	, 5
	• •	1.2.0	Nonverbal-interaction					<i>i</i> .
	•		*1.2.1 Handles child appropriately (physical handling)	1	2	3	4.	5
•			1.2.2 Interacts with the child at his/her eye level. encourages eye contact	/-1	2	3	4	5-
• .			1.2.3 Responds to child's communicative efforts through provision of materials, events, and so on	1	2	3	4.	5
,			1.2.4 Uses positive and negative reinforcement techniques	1	2	: 3	4	. 5
			1.2.5 Actively participates in activities with child, is playful and enthusiastic	. 1 ,	~2	, , 3	4	5
	•	•	1.2.6 Shows enjoyment of and affection toward child	1 .	3,	3	4	5
			1.2.7 Uses alternative modes of communication when necessary	1 /	/2	3	`4	5
	2.0.0	·Activit	ies with child					
		2.1.0	Focusing on task (efforts to secure the child's attending to and involvement in activities)	•				
			2.1.1 Encourages the child .	1 /	2	3	4	5
			2.1.2 Provides verbal directions (as needed)	1	2	3	4	5

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		•				
, 2.1.	3 Attends to interest demonstrated by child	1"	2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4	,5		
2.1.	4 Paces activities to the child's developmental level and interest	. 1	2	3	4	. 5
2.1.	5 Organizes materials and environment to facilitate attending to a specific activity and transition from one activity to another	. 4	· 2	3 . '	· 4	5 .
2.1.	6 Provides appropriate feedback to child on performance of activity or task	1	2 _.	3	4	· 5
2.1.	7 Uses behavioral teaching techniques appropriately:					• .
	verbal assistance	1	2	3	4	· 5
	Physical assistance	1	2	3	4	5
	modeling	1	z	3	4 ,	ه 5
·	prompting	1	2	3	4 5 4 5 4 5 4 5	5
•	Shaping	1	2	3	4	5
	Chaining	e· 1	2	3 ,	4	. 5
2.1.	Uses negative reinforcement techniques appropriately (e.g., distracting the child from an undesirable behavior or activity to a more desirable one, or ignoring undesirable behaviors)	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5				
Deve	lopment of appropriate activities			,		
2.2.	Develops an activity plan, using parent input, for each home visit which outlines the activity's relation to the child's individualized plan, lests materials needed, and includes evaluative comments	1 2	2	3	4	5
2.2.	Provides interesting, stimulating materials and activities that are appropriate for the child's level of development and are designed to facilitate development	1	2	3	; 4	5
2.2.	Provides a variety of activities according to the interest level of the child	1	2	3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5	5,	
2.2.	Provides an opportunity for the child to explore and experiment on his/her own through non-directed activities during a home visit	1	2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5	.		
*2.1	Conducts activities recommended by related service personnel and integrates theraputic recommendations into activities developed for home visits and follow-up	1	2	3	4	5

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2.2.0

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•	2.2.6	Develops activities that relate to functional goals and bjectivesreflecting parent/family concerns and the needs of the child in current and future environments	1	2	3	. 4 *	. 5
2.3.0	Arrang	ing an appropriate setting			,		
	2.3.1	Helps parent to childproof space before conducting activities	1	2	3	4.	5
	*2.3.2	Positions child according to recommendations made by related service staff	1	2	3	4	5 .
•	2.3.3	Arranges child, family members and self in proximity to facilitate interaction and involvement in activities	1	2	3	4	5
•	*2.3.4	Conducts the home visit at a place in the home which allows for the freedom of movement needed for conducting activities and which has minimal distractions	1	. 2	3	4	j
II. Competencie	es related	to working with parent(s) and family members					
1.0.0 Inter	raction wi	th parent(s) and family members					
1.1.0) Verbal	interaction					
	1.1.1	Speaks at the parent's level of understanding using a minimum of professional jargon	.1	2	3	· [4]	. 5
•	1.1.2	Greets family members in a friendly, enthusiastic manner	1	2 -	. "3	4	5
	1.1.3	Reviews the activities developed for the home visit, explains the purposes for the activities, and relates them to the child's individualized program plan	1	2	3	4	5
	1.1.4	Asks about parents' concerns and answers their questions	1	2	3	4	5
	*1.1.5	Provides general information to parents regarding general caretaking, parenting, health, nutrition, safety, and child development.	1	2	3	4	5
	*1.1.6	Refers parents to other agencies and related services as needed	1	2	3	4.	5
	*1.1.7	Uses appropriate, sensitive interview techniques in gathering information needed to complete the systematic observation, infant intake and other forms	1	2	3	4	5
	*1.1.8	Provides/interprets information from related service staff regarding evaluations, reports, and recommendations	1	2	3	4	5 *
	*1.1.9	Provides time during home visit for conversation on topics of interest to parent(s) and family members	.1	2	3,	4	5.

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	•	1.1.10	Can discuss the impact of the child's handicap on the various areas of the child's development	, 2	2	3	4	5
•			Shows an interest in all family members and family functions by following up on_topics they discuss, and conversing with siblings	1	2	3 -		5
				•	•	•	•	•
	•	*1.1.12	Provides information regarding assessment instruments used to evaluate the child and	3	2	3	4	5
•		*1.1.13	Involves family members in the assessment process	3	2	3	4	5
	•	1.1.14	Displays a sense of humor when working with the family	3	2	3	4	5
	***		Provides a verbal reminder of when the next home visit is scheduled as well as other appointments arranged on behalf of the family		. 2	3	4	5
		*1.1. 16	Helps family members be good observers of the child by reinforcing, commenting, and/or discussing their			;	9 ·	•
	!	•	observations	ž	2	3	•4	5
	.1.2.0	Nonver	rbal interac _a fon		•	•		
, •	,	1,2.1	Attends and listens to family members; physically orients to them and maintains eye contact	ş	2	3	4	5
		1.2.2	Demonstrates a positive attitude toward the family	L	2	3	4	5
i		1.2.3	Shows poise, enthusiasm, and confidence when working in the home	e.	2	3,	4	5
		*1.2.4	Provides written reminder of the next home visit and/or other upcoming appointments	7	.2	3	4 2	· 5
					•			
2.0.0	Family	involv	ement in activities <	'	•			
	*2.1.0	Inclus	ion of family members in activities	ь ⁾		•		
		*2.1.1	Encourages parent to participate in activities during home visits, keeping in mind their readiness level for involvement	es •			hg.?¹	.
				.	2	3	•	•
		*2.1.2	Provides information regarding the purposes of the activities and their relation to the child's development	3	2	3	4	5
		*2.1.3	for family members	7	2	3 •	4	5
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			·					

OUTREACH: Macomb 0-3 Project

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	*2.1.4	Encourages family members to demonstrate activities they do with the child as follow-up inbetween home visits	1	2	3	4	5	
. 1	2.1.5	Reinforces family members' involvement with the child and their appropriate use of techniques	1	2	3		5	
	*2.1.6	Involves parents in the development of the child's individualized program plan through discussion about the child's current level of development, strength and		•				
	,	deficit areas, parents' concerns, skills needed in current and future environments, and related staff recommen-	B	. '		,	•	
1	l Lores	dations.	1	2	3	4.	5	
_	2.1.7	Schedules home visits so that all family members who will be involved in implementing the child's program are able attend the visits when possible	1	2	3	4	5	
٠,	*2.1.8	Includes siblings in the activities conducted with the child or develops activities for siblings ouring home visits and spends time with them during the visit	1	ż	3	4	, 5	
	*2.1.9	Provides project materials for use in the home on a loan basis	1	2	٠3	4	5	
	/	Provides in writing an outline of functional activities to be carried out by family members with the child before the next home whit and makes suggestions to help parents	an Maria			•		
_		carry through	. 1	2	. 3	4	į 5	
	2.1.11	Reports on child's progress towards goals and objectives due to efforts made by family	1	2	3	 4	5	
2.2.0	, carry	ages family members to assume increased responsibility for agg out activities in keeping with their level of readiness volvement	*					
,,		Asks for input and ideas for activities to be conducted at future home visits and as follow-up between visits	1	2	3	4	5	
· :	2.2.2	Develops with parent(s) follow-up activities that are functional in natureuses materials which are readily available and inexpensive, and that fit into daily routines, lifestyles and cultural styles	Ť.	2	3	4	5 /	,
ولزرع	2.2.3	Encourages parents to plan part or all of the activities, depending on their level of readiness	1	2	3	4	· 5	,
-	2.2.4	Encourages parents to carry out part or all of the home visit activities depending on their level of readiness	1	2	3	4	, 5	
	2.2.5	Encourages parent to plan all of the follow-up activities depending on their level of readiness	Y)	2	3.	4	5	
	ı							

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New Training Materials

INDIVIDUAL CHILD/FAMILY NEEDS PROGRAM

Macomb 0-3 Project
Excerpted one of five pages

Child's Name/ID #	•	B.D.		C.A	•
Parent's/Caregiver's Name(c)		"		*******	· · · · · · · · · · · · · · · · · · ·
Date of Plan Formation					
Planning Team Members			:		
Source of Referral					
Reason for Referral	0			Mas_ ●	
		, , <u>, , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·	· (
DEVELOPMENTAL ASSESSMENT .		1		a design	
Previous Levels of Development as Measured by the Developmental Profile	,	Present Leve Measured by	els of Devel the Develop	opment a	as Profile
Gross Motor		• .		,	-
Fine Motor				<u> </u>	
Cognition				•	 ;
Communication			Name of		
Social	•				
Self Care	•				

Developmental Mge	680	SS	1411	n p	F	IFIE	ተሰነ	rna R	Ç	וייזי	11	W)	co	MMU	١.		, Sho	Įń	L	۴ŧ۱	F (, p	E
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48			_				1					٠					T	1	-	 	H		
42										Ì				7		_	T		Γ	1	П	†	
36										-				7	1	,	1		-	 1-	1	-	
30														7			ľ		-	 † 1	П	-†	
24				T)									П	T	T		ŀ	П			H	+	
13												,		7			T	П			H	+	
12					1.	Ц														 1		7	-
6	_	1			-	-	1				-					-	T.						
Age in months							T			+	H	,	H	†	T				Ţ	H	+	\dagger	



PLANNED DISCREPANCIES: SURPRISE ACTIVITIES TO INCREASE INFANT'S COGNITIVE DEVELOPMENT

The role that planned discrepancy plays in cognitive development has not been clearly defined at this time. It is known, however, that planned discrepancy is a determinant of attending behavior, which is the foundation of cognitive development.

Many activities may be adapted to incorporate planned discrepancies. The basic components of such activities are: 1) the infant has developed a set of expectations about an object, person, or event and 2) these expectations are violated in some way. Another consideration is that infants do not exhibit an easily identifiable surprise response for several weeks. This time can be spent acquainting the infant with his environment so that he develops some expectations about his world.

In order for an infant to be surprised, she* has to have a set of expectations. If the child sees, hears, touches, or tastes something for a period of time or learns that an object will move in a certain way, he internalizes these experiences, and expects them to remain the same. When the infant's expectations are "surprised," he is suddenly very attentive. There are physiological changes; his eyes become larger; the heart rate increases; his body becomes momentarily rigid. He realizes that something has changed. Intellectual growth takes place because there has been a change in the information already stored in the child's mind and in the incoming information. The surprise created will motivate the child into further exploration of his environment; hopefully, it will not inhibit his exploration.

When an individual experiences "surprise," she automatically focuses her attention upon the stimulus. Cognitive development depends upon this attention, as well as other origins of attention. Some theoriests believe a component of surprise is the orienting response, or, the behavioral and physiological response to a stimuli. The surprise reaction may be viewed as a property of a living organism that helps produce new knowledge about the environment. This is accomplished through adding to or changing the existing cognitive structure. (Piaget's accommodation and assimilation theory.)

The following is a list of activities geared for infants which focus on surprise. Before implementing these, it is important to note the difference between surprise and startle as explained by Charlesworth. "The capacity to be startled requires only a primitive sensitivity to sudden intense stimuli; it is a capacity present at birth." On the other hand, "the capacity to be surprised requires an ability to recognize a signal and anticipate or expect the event the signal signifies; it is the capacity that develops slowly over time and at different rates in different areas of cognitive competence."

The materials needed for these activities are toys that children normally have at home or they are items commonly found in the home. If not, they could inexpensively be purchased at a garage sale or dime store.



^{*} Masculine/feminine pronouns are used interchangeable through the text.

Furthermore, all these activities are appropriate for the typical as well as atypical child. Each focuses on one or more of the senses: hear, smell, see, touch in addition to increasing attention span, an individual will also become more aware of his body parts, how the body parts work, and the surrounding environment.

Activities should be presented in a warm and fun-loving manner. They should not be used to frustrate or frighten the child. If frustration or fright appears, discontinue the activity at once. These are enriching activities, but when performed too frequently, a child may become too timid, apprehensive and/or develop mistrust with present and future experiences.

Activities should be repeated another time if the child does not respond. The capacity to be surprised develops slowly over time, and at different rates in different areas of cognitive development. An activity or stimuli the infant is unresponsive to at one age may produce a very strong response in a few weeks or months.

ACTIVITIES

1. Materials: "Johnny Jump Up" Carpet Squares

Procedure:

Place child in the "Johnny Jump Up" suspended over a smooth floor

Place a carpet square on the floor under the Jump Up. Allow

the child to jump and move in the seat as he get used to the material. After he is familar with the material, remove it while the

child's feet are in the air so that when his feet plant they are

touching the smooth floor - a different texture.

Replace carpet square with other textures: flour, wet sand, rice, warm water, cool water, shaving cream, etc.

2. Materials: Bell with handle

Variation:

Procedure:

Procedure:

Add a bell to the child's collection of toys. As she manipulates it, she hears that when sne holds it by the handle and shakes it, it will make a ringing sound. Once she makes this accommodation, place the bell upright on a surface. As the child picks it up and shakes it, there is no sound; the metal clapper has been removed.

The clapper has been replaced inside the bell and the child has again begun to enjoy the ringing. One day the child reaches for the bell, which is in an upright position. She grasps it by the handle and shakes it, but no sound. The handle has been detached from the bell.

Same procedure, but as the child shakes the bell, an unfamiliar sound will be heard. This can be higher or lower pitch by making the inside clapper larger or smaller, or muffled tone by taping masking tape on the inside of the bell.

3. Materials: Two identical containers (ideally, balls which can be opened)

Give the child a container which she can manipulate by rolling, throwing, kicking, and carrying. The container makes no noise. After the child becomes familar with this toy, replace it with an identical container which contains a noise maker.

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INFANT DEVELOPMENT - BIRTH TO ONE YEAR

Macomb 0-3 Project Excerpted two of six pages

Congratulations new parent(s)! Your baby's first year will be full of activity, fun and growth. During this year remember:

*Your child will develop rapidly from the newborn infant who needs your constant care to the older infant who is beginning to explore the world on her own with your help.

*Most children pass through similar development steps; however, all children develop at different rates. Development checklists should only be used as a guideline. The ages at which children are able to do certain skills vary with each individual child.

*You are your child's first and most important playmate and teacher. Don't be afraid to be playful and to play with your baby to make these learning times, too...

*Even though your child does not say words, it is important to talk to him about the things and people in his world. Pay attention to ways he "talks" to you by pointing, making sounds/noises, looking at objects, or crying in different ways for different needs. Your baby will learn that talking is important and real language will develop.

*As she begins to crawl and creep, she will be able to reach things she could not reach at earlier stages. Childproof your home for safety.

*Expensive, elborate toys are nice to have but not always necessary to promote child development and learning. Many "toys" can be items found around the house--expecially the kitchen! Homemade toys also represent an investment of your time, attention and LOVE!

*Watch for these skills to develop during your baby's first six months.

Motor

- 1. Lifts head when on stomach, on back, and when held in a sitting position
- 2. Rolls from stomach to back and back to stomach
- 3. Puts weight on one arm and reaches with other arm while on stomach ω
- 4. Pivots on stomach (rotates body) to reach a toy or person

Social

- 1. Likes to look at faces; smiles at familiar persons
- 2. Plays simple games like "peek-a-boo" or "so big"
- 3. Makes sounds when others talk to her
- 4. Waves "hi" or "bye bye"

Communication

- 1. Looks, moves, or makes sounds when he hears voices, music, or sounds
- 2. Cries differently depending on her needs
- 3. Turns head towards a sound that is directly to the side
- Yakes cooing sounds ("ah ah." "oo oo"), then babbling sounds ("baba, gaga")
 Your baby does not respond in some way to loud sounds, she may not be hearing them.
 Contactory pediatrician if you are concerned about your child's hearing.

Cognitive

- 1. Looks at "wn hand, and at objects/toys; reaches out to "bat/swipe" at them
- 2. Grasps and holds objects or toys; often will put them in his mouth .
- 3. Looks toward an object that disappears while she is watching; finds an object that is partially hidden
- 4. Imitates simple sounds and movements made by others

 \mathcal{L}_{\odot} OUTREACH: Macomb 0-3 Project, Project PEP, McDonough County Schools, Macomb, Illinois

DEVELOPMENTAL SKILLS - 1 YEAR TO 2 YEARS

Congratulations! You have survived the first year of parenthood! Your child's second year will be even more exciting. During this year remember:

*Most children pass through similar developmental steps; however, all children develop at different rates. Developmental checklists should only be used at a guideline. The ages at which children are able to do certain skills vary with each individual child.

*You are your child's first and most important playmate and teacher. Don't be afraid to be playful or to look silly. Have <u>fun</u> with your toddler.

*You will spend a lot of time feeding, diapering, and doing other daily care routines. Talk to and play with your toddler to make these learning times too.

*Expensive, elaborate toys are nice to have, but not always necessary to promote child development and learning. Many "toys" can be items found around the house--especially the kitchen! Homemade toys also represent an investment of your time, attention and LOVE! Children at this age enjoy novelty and so it is important to "rotate toys" or make new toys/objects available for the child periodically and shelve those she has enjoyed for awhile. Books for you and your child, are available at your library; check to see if there is a toy lending library in your community as well.

*Make appointments with your pediatrician or clinic for a well child check-up during your child's first, second, and third year.

*Your child's ability to use language will increase rapidly this year with your help. Give your child many opportunities to listen to people talk. Listen and respond to your child's talking. Imitate words your child says and encourage him to imitate new ones you say. Talk about books and objects as your child and you play with them. Don't be too concerned about whether or not your child pronounces words correctly. His intent to communicate is the most important thing. If your child is not saying words and using language by the end of this period, he may not be hearing language. Contact your pediatrician if you have concerns about your child's hearing.

*Now that your child is beginning to walk, it is even more important that you childproof your nome. Be alert to potentially dangerous situations: poisonous house plants, open electric outlets/cords or heavy objects on tables. It is important that your child has opportunities to move around and explore a safe environment.

*At the beginning of this period your child should have completed the 4th DPT and 4th polio immunization and should also have had measles, mumps and rubella shots if she has not already received them.

*Watch for these skills to develop in your child between 12 and 24 months.

Motor

- 1. Side steps holding onto furniture
- 2. Climbs into chair
- 3. Walks independently
- 4. Creeps up and down stairs on hands and knees, then walks up stairs using the wall, railing, or adult's hand for help, both feet on each step
- 5. Turns hard board pages
- 6. Throws ball overhanded
- 7. Scribbles using thick crayon, chalk, or markers
- Stacks objects like blocks and knocks them down

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RECEPTIVE EXPRESSIVE EMERGENT LANGUAGE SCALES

Assesses these areas:

Receptive Language Expressive Language

<u>Ages</u>

Birth to 36 months

Purposes:

-to identify very young children who may have specific handicaps requiring intervention -to diagnose children having language disorders

Contains:

66 items on each of two scales 0-12 months= monthly intervals 12-24 months= 2 month intervals 24-36 months= 3 month intervals

Yields:

Receptive Language Age Expresive Language Age Combined Language Age Receptive Quotient Expressive Quotient Language Quotient

Standardization Information:

Validity--is assumed as the test was based on infant language development as described in the literature. It was tested through three independent studies on 127 children.

Reliability--Interscorer ranged from 90-100%; test-retest was .71 by the same administrators (untrained graduate assistants).

Administration:

Time--10-15 minutes

Procedure/Mode--Parent interview (techniques are outlined in the manual) and direct observation if behavior achievement is questionable

Scoring--Assess and score all receptive items first; begin at the child's chronological age or earlier. The basal score is the lowest interval with two (+) plus scores. Use the following scoring system: (+)=plus if the behavior is typical, (-)=minus if the behavior has not been observed, and (+)=plus/minus if the behavior is emerging. Give credit for the entire age range if any two of the three items in an interval are scored (+). A (+) can be counted if the other two items are scored (+), and if items within that interval are scored (+) and (-) AND the next highest interval is passed. A ceiling is reached at the highest interval where two items are scored (-).

Record that age on the face sheet of the test protocol in the box labeled Receptive Language Age: (RLA)

Begin assessing expressive items at that same age level that are located directly across the page. If the child does not achieve a basal, assess items at lower levels and continue assessing items at higher level until a ceiling is reached. ecord that age on the fact sheet in the box labeled Expressive Language Age: (ELA)

The CLA--CombinedLanguage Age is calculated by using this formula: ELA+RLA =CLA. Language quotients for each scale are calculated by dividing each of the language ages by the child's CA and multiplying by 100.

Available from:
University Park Press
233 E. Redwood St.
Baltimore MD 21201

Costs: Manual--\$9.75 Forms-- \$6.75



W.A.D.E. PLANNING GUIDE

Location:				
Name			•	•
Address				
Phone# Contact Person	•	^	•	
Phone # Life Guards				
		·		. '
Schedule:	4		,	•
	· ·	,	•	
Participants:(include: CDSs, 0-3 children children, guests)	n, parents or	caregivers,	siblings,	"typical"
			·	
				,
	`		- 	ì
Tasks	Perso	n(s) Respons	ible	
Invitations or Phone Call Reminders		•		•
Planning	·			
Transportation				
Locker Room Help	,			
Toys/Equipment \				
Photographs/Slides				
Community Awareness			· · · · · · · · · · · · · · · · · · ·	
Snack				
Evaluation '				
			-	

Things to Bring:



WADE NEEDS ASSESSMENT

Dear

We are excited about the possibility of starting a new program for you and the other families in the Birth to Three Program. The program is called WADE, which stands for Water Activities for Developmental Enhancement. WADE is a component of the Macomb 0-3 Model; Macomb staff have trained us to set up a WADE program within our program. We think this program will serve many purposes. It will:

- -be a cool, refreshing summer break (or help to combat winter "cabin fever")!
- -be fun!
- -provide new learning opportunities for our children in all areas of development-gross motor, fine motor, cognition, communication, self-care, as well as social.

1935. 1935.

- -give parents an opportunity to meet other families, develop friendships, and share the joys and concerns of family life.
- -and, give the children an opportunity to observe, talk to, play with, and learn from other children.

We are writing today to ask if you and other family members are interested in being a part of a WADE program. Please fill out the bottom portion of this letter and return it to our office, or give it to your CDS at a home visit. We look forward to hearing from you!

Sincerely,

Child Development Specialist Birth to Three Program

PLEASE CHECK THOSE YO	J WOULD ANSWER YES!!	
We would li	ke to be a part of the WADE program!	
We would li	e to help plan and get the program "off	the ground."
Other family	members would like to come too! (List)	
We need tra	nsportation to attend WADE.	
We could page	a small fee for the use of a pool.	
We could dr	ve another family to the WADE program.	
We could he	p out by taking slides, photos, or video	s of WADE sessions.
We could br	ng a snack to share after WADE.	
We could attend WADE	sessions in the (circle one) morning, af	ternoon, evening, weekends.
WADE sessions should	ake place: (circle one) weekly, bi-week	ly, monthly.
NAME	Address	<i>⊱* -</i> PH# .



WADE MEDICAL RELEASE

Dear Dr.
As you know,
The WADE program takes place and is located at the
parents and staff are in the water with the children as well. The water temperature will be between 90-95 degrees in order to insure the children's comfort and safety, and, to normalize the muscle tone of children having motoric impairments.
would like to participate in the WADE program and we need your signature/permission verifying that he/she is physically able to attend.
Please mark the correct line and, if you would, take a few moments to fill in additional information. That will help us greatly in planning appropriate activities. Return it to our office at your earliest convenience. If at any time you would like to observe our program, you are most welcome to do so. Please let us know when to expect your attendance.
Sincerely,
Child Development Specialist Birth to Three Program
Yes,may participate in the WADE program.
List any special precautions that should be taken:
If the child has a motoric impairment, please list specific body movements or positions desired:
List specific body movements or positions that the child should not make or assume:
Comments:
NO,should not participate in WADE because:
Physician's Signature 256

OUTREACH:	Macomb.	0-3	Pro	iect
		~ ~		1666

DATE:	

WADE PARTICIPATION FORM

Child: Other family members/frie	Parent(s)/Caregive	r:	-		
Special Considerations fo	r Child:	9•				
Child's Level of Water Ad	justment:	Afrai,d	Adjusted/E	njoys	Floats	Swims
Parent's Level of Water A	djustment:	Afraid"	Adjusted/E	njoys	Floats	Swims
Comments:		^			•	• ,
Objectives for Child		•		Activi	ties/Facilita	tors · (+/-
	,					
*						
Accomplishments of the Day					-	
		/	•			
Jnusual Happenings						
_a.		· · · · · · · · · · · · · · · · · · ·				; ``
COMMENTS/RECOMMENDATIONS:_		· .		-		
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	RATE A WADE!! DATE:			
DID YOU EN	JOY TODAY'S WADE SESSION? (circle one)		
We had a whale a good time! Comments?	of Today WADE was "so-so"	3 YUK!!		
What thing	s did you and your child(re	n) do together today?		
i your child(ren) d	something new today?			
	current level of water adjusting			
•	fraidadjusting1 low could the 0-3 staff have		'	
—				
Thank	ou for rating WADE! We loc	ok forward to seeing you a	t /	
	the next WADE session	11111		\ \
	•			

ERIC.

SUMMARY OF FAMILY INVOLVEMENT WADE Program

How many WADE sessions h	nave you attended?
I have: (Check what you have done)	3.1 brought a snack or the food needed to pre- pare a snack at WADE 3.2 shared a favorite water toy with the group provided transportation for other program families
	families called other parents to invite them to attend 3.5 invited a friend and child 3.6 told other people about WADE
•	3.7 other (list)
,	
, ,	
ne have done these things at WADE (Check	√) 4.1 my child has watched and learned by playing with other children in the water.
	4.2 I learned techniques and activities to use in the water that are appropriate for my child!
	needs and level of water adjustment. 4.3my child engaged in water activities and is
	(is becoming) water adjusted. 4.4 my child and I engaged in group activities
	and circle games during WADE sessions. 4.5 my child played with floating toys and used flotation devices which aided in water adjust
	4.7 My child and I have played and had fun togeth
	who work with my child. 4.8 I have enjoyed meeting new people, adults and children at WADE sessions.
nese people who care for	
y child have attended WAD! essions (Check√th	
no have attended)	5.1 mother 5.5 grandparents
· ti	5.2 father



Hacomb-	0-3	Proj	lec i	t
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"TALKING" DIARY

NAME:		DAY/DATE	1	AGE:	TIME:
PLACE:		ACTIVITY:	•	WHO KEPT THE I	DIARY?
	· .	· ·	•	•	
SOUND/WORD SAID	SOUND/WORD MEANT	# IMITATED?	SPOKEN TO SOMEONE?	WHY "!ILD SAID IT?	WHAT HAPPENED THEN?
	0				
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ERICLEd from Youn in: Assessing Language Production in Children by J. Miller, University Park Press

MEAN LENGTH UTTERANCE

Mean Length Utterance (MLU) is a general indicator of structural development (syntactical development) of a child's language. It can state the average number of morphemes, or the number of words in an utterence. A morpheme is the smallest meaningful unit of speech. An utterence is any self sufficient meaningful use of spoken language preceded and followed by a pause. MLU is used as an indicator of a child's relative stage of "guistic development rather than chronological age. Age (CA or MA) can be predicted from MLU and MLU can be predicted from age. Norms were developed by Rodger Brown in his research conducted in 1973. He developed four seperate stages developmental stages based on MLU. The stages define the structures expected to be present in a child's speech during a particular age range.

MLU should be calculated on the basis on number of words in a sample of utterances of the child is approximately 20-30 months of age (early preoperational stage--speaking in 2-4 word utterances). It is found by calculating:

total number of words
total number of utterences = MLU!!

MLU should be calculated on the basis of the number of morphemes in a sample of utterances if the child is older. It is found by calculating:

total number of morphemes total number of utterences = MLU!!

Procedures for Calculating MLU

MLU is calculated using a representative language sample——"a verbatum, transcribed record of all utterances produced by a child within a given situation over a certain period of time". It provides a picture of the child's own natural language patterns, vocabulary, and methods of intent as opposed to data collected on a standardized instrument that "indicates the child's ability to produce a predetermined response to a predetermined stimulus".

Develop a free speech sample by tape recording a 15 minute free play dyad, and a 15 minute clinical session with direction given using questions and commands. In designing a language sample setting the interacting adult should:

- -choose a place that is comfortable for the child (and parent if she or/and he will be involved)
- -provide toys and objects that will evoke good quality, quanity and variety of child utterences--consultation with parents can help
- -avoid rigidly structuring the interaction by using "what's this" type questions, as well as talking when the child is not talking (research indicates this inhibits the child's verbalizations
- -transcribe into written form the sample from audio tape with the help of others who interacted with the child in the session as $\frac{1}{2}$



CHARACTERISTICS OF BROWN'S LINGUISTIC STAGES

Babbling--Age 8-12 mo

MLU=0

Cognitive Level: Sensorimotor Stage IV--Age 8-12 mo

Behaviors: Uses differentiated cries, syllabic babbling, communication games, attends to objects mom looks at, intentional actions, repeats vocalizations upon being imitated.

Examples: interactive games, CVCV vocalizations, vocalize to request,

greeting, suprise

Pre-Stage I (early one word)--10-18 mo

MLU=0-1.00

Cognitive Level: Sensorimotor Stage V

illocutionary communicative acts, gestures+vocalizations, Halliday and Dore functions, encodes words representing objects she acts on or that move and change, uses one word for many functions.

Examples: pointing and showing, "mama", pet names, "there", "no"

Pre-Stage I (middle one word)--Age 18-24 mo

MLU=1.0

Cognitive Level: Sensorimotor Stage VI

increase in vocabulary, uses successive single-word rapid utterances(chained), uses agent-object reelations, asks"what's that", answers simple, routine questions, talks a <u>lot</u>.
Examples: "go", "stop", "no pocket", "there ball"

Early Stage I (Expression of Semantic Relations) -- Age 24-27 MLU=1.01-1.99

Cognitive Level: Sensorimotor Stage VI and Beginning of Preoperations--19-24 mo. Behaviors: uses mostly single words, and sucessive simple word utterances, begins to use two word utterances, uses modifer+noun phrases, noun+verb phrases uses "what this?", "what that?", "what doing?", "where going?", type phrases, yes/no questions marked by rising intonation, uses "no", and "not" phrases for necestion.

Examples: "mommie go", "pick up", "that mine", "more milk", "go mommie store"

Stage II (Modulation of Meaning Through Addition of Grammatical Morphemes) Age--27-30mo

MLU=2.00-2.49

Cognitive Level: Early Preoperations

Morphemes aquired: progressive "-ing", "in" and "on", plural "-s", "-es"
Behaviors: continued use of routine "wh" question forms and use of novel forms, continued use of noun+modifier phrases, uses noun and verb phrases for

negation, questions marked by rising intonation.
Examples: "mommie running", "where puppy?", "that a chicken"

Stage III (Different Sentence Types--Questions and Negatives)--Age 31-34 mon MLU= 2.50-2.99

Cognitive Level: Early Preoperations

Morphemes aquired: possessive "-s", past irregulars (came, ran), articles "a", "the", uncontractable copula "is", "am", "are" (as in "she is pretty"), Behaviors: continues to use "what", "what doing", "where", questions and begins to use "why", "who", and "how" forms, noun phrase elaboration forms include demonstratives ("this", "these", "those", "that"), articles ("a",



COMMUNICATION NOTES

Communication-an activity in which meanings are effectively expressed and shared and understood by all those taking part

Language- a complex system of symbols used to communicate, thru which meaning and order can be organized and represented

Speech- the production, ordering and articulation of sounds

Phonology-articulation of sounds, our language system has 38 phonemes

Syntax- grammer, the word order in phrases/sentences (utterances), system of rules for ordering language; it begins with 2 word utterances.

Semantics- meaningful language, vocabulary

Lexicon- refers to the set of words within an individual's vocabulary

Pragmatics- the use of language to share, express meaning (even if not grammatically correct), using communication to alter the hearers, attitudes, beliefs or behavior

Morphology- the system of meaning units; a morpheme is a meaningful element which cannot be broken down to smaller ones:

free-stand alone
bound- must be connected (prefix, suffix); inflectional suffixes change
plurality, tense, person, possession (-s, -ing, -ed, -'s)

Three Phases of Communication During the Sensorimotor Period

Perlocutionary Communicative Acts--Stages 1-3, 0-8 mo

Infant produces signals that are unintentional, but into which adult 'reads' intent

Illocutionary Communicative Acts--Stage 4, 8-18 mo

Infant produces conventional, socially recognized non-verbal/verbal signals used with intent

Locutionary Communicative Acts--Stages 5-6, 18-24mo

Infant uses and combines conventional verbal utterances in meaningful ways

Dore's Primitive Speech Acts (Core Curriculum Objective 4.7.2)

Labeling
Answering
Requesting objects/actions
Greeting/Calling
Protesting
Practicing(entertainment)
Repeating(imitation)



HEARING IMPAIRED TRAINING MODULE

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TERMS RELATING TO HEARING IMPAIRMENT

Take a few minutes to read through these terms before working on this training module. Although you may not understand all of the definitions, this process will help you in reading and understanding the subsequent sections. If you are now beginning to work with a hearing impaired child and his or her family, or soon will be, these definitions may help your understanding of the child's medical, diagnostic, or educational records. Then you will-be better able to interpret them to parents/family members.

Adventitious: a hearing loss which was present at birth. The term <u>deafened</u> might also be used.

Age of Onset: the age at which a hearing loss occurs. In many cases the cause of the hearing loss, and therefore the age of onset, is never known.

Amplification: the use of any type of mechanical system which makes sounds louder. The term refers to personal hearing aids as well as to various systems which are used in a classroom.

Audiogram: a record of the results of a hearing test. The audiologist indicates a response by marking a graph at the point where <u>frequency</u> and <u>intensity</u> intersect.

Audiological Evaluation or Assessment: complete hearing testing done by an audiologist in a sound-treated booth using specifically measurable sounds. It may include more than one type of test.

Audiologist: a person trained to test hearing. He or she may be in private practice or affiliated with hospitals, speech and hearing centers or schools.

Audiometer: equipment used to test hearing. The most basic audiometer produces sounds which can be varied by <u>frequency</u> and <u>intensity</u> and delivered to either ear through earphones. More complex equipment can also vary the intensity of speech being delivered either through speakers or earphones.

Bilateral: refers to two sides. A bilateral hearing loss is one which occurs in both ears.

Binaural: refers to both ears. Binaural amplification means wearing hearing



INTRODUCTION AND GUIDE TO USE:

HEARING IMPAIRED TRAINING MODULE

The materials included in this training module were written for your use as a Child Development Specialist (CDS). They are intended to assist any CDS who may not have had any formal training or experience in working with young hearing impaired children. The materials provide information necessary to help you begin working with an infant/toddler who has been identified as hearing impaired and with his or her family.

Take a few minutes to review the Table of Contents and the list of terms relating to hearing impairments. You may want to read the module from beginning to end, or you may want to forus on sections that are of immediate concern or need to you. The training exercises were designed to help you apply the content to your individual needs and geographical location. Review the the exercises before reading each section so that you can be thinking and/or note-taking in order to relate concepts to those hearing impaired children with whom you are currently working.

The materials are indended to provide information that will increase your competence in working with children and families and help you be a resource to the child's parents or caregivers. Any of the information may be copied or re-written as parent materials; include a reference to this module when develop-ing new materials. You may, for example, wish to re-write some of the important points in outline form to give parents. This will provide a quick reference and will not seem a burden to busy parents who may not want detailed, lengthy reading materials. The information might also be structured into an informal lesson form if you decide to cover one or more points on a home visit. Perhaps one of the areas covered might be chosen as a topic of discussion at a parent meeting or Sharing Center.

More emphasis has been placed on causes of hearing loss and audiological matters than on suggested materials and activities. This was done because most of what you already do with any other child may be done with a hearing impaired child using a different emphasis or some adaptation. Information on child development and play activities is abundant. Information on audiological matters may be less available to you.

This module is by no means comprehensive. You may be puzzled by some information or have questions about things that have not been presented. Contact other professionals when you need assistance. If specialized related-service personnel, such as audiologists or therapists, are not available to your agency, attempt to locate them in your community and region. Call a local education agency, special education cooperative or regional service center, rehabilitation agency, hospital, clinic, school for the deaf, or university program to find out about the availability of diagnostic, therapeutic, and/or consultative services that are available to you, the child, and his family.



New and Revised Outreach and Management Procedures

Excerpted one of eleven pages

SAAP III

Outreach: Macomb 0-3 Project Staff

Revised March, 1984

Mary Strode
Sue Marshall
Linda Robinson
Bonnie Smith-Dickson
Outreach Staff

PROCEDURES FOR FILLING OUT WEEKLY EVENT RECORD

- 1. Please fill out carefully for each week. Data obtained may be used for accountability purposes, staff evaluation, cost accounting, etc.
- 2. Date: Note the order indicated (e.g., 84-04-06).
- 3. Contact: Indicate briefly the general category under which the entry falls. Category is to be determined by the function performed by the individual during the time of contact. (E.g., talking with a physician would be listed under "Professional helping services;" interaction with faculty from speech clinic, unless consulting on a specific topic, would be listed under "university personnel.")
- 4. Activity Code: Ther are five general activity categories. Please consult your list to see how to code the activity in which you engaged.
- Time: Time spent on a given activity should be divided into hours and minutes. Common sense should apply here in determining how the day was spent. (E.g., if several phone calls were made within the same category, the time spent should consolidated into one entry.)
- 6. Attend: This entry refers simply to the number of persons in attendance, excluding yourself. It will not apply, obviously, to every single activity. Four digits are alloted. (E.g., 0001 if one other person was in attendance, 0000 if not applicable.)
- 7. Location: The place where a given activity was engaged in defines this enty. Note that a distinction is made not only be exact location, but also by county.
- 8. Staff ID#: A code number will be assigned to each member of the staff.
- 9. Description of Activity or Contact: This column is pirmarily for your own records and will not be coded. Jot down the context of your activity or anything of significance to you.



CODE LIST AND CODING - CONTACTS

- 001 <u>University personnel</u> administrators, faculty, secretaries
- 002 <u>University students</u>
- 003 Advisory Council
- OO4 State Agencies Child and Family Services, Homemakers, Public Health, Vocational Rehabilitation, ISBE
- 005 Federal Agencies HEW, BEH, TADS
- 006 Community Organizations Elks, Kiwanis, Rotary, service groups, Red Cross, Interagency Councils
- 007 <u>Consultants</u> any paid person with definite skills or expertise in a given area who is called upon to share this expertise with the Project staff
- Suppliers any personal involved in making arrangements for or actually engaging in the purchase of supplies, equipment, or any commodities needed for the Project
- Professional Helping Services any professional engaged in delivery of helping services to individuals e.g., doctors, nurses, pharmacists, physical therapists, occupational therapists, social workers, psychologists, speech therapists
- Old Schools any personnel associated with public school preschools other than those involved in the Project, including the Special Education Co-op
- Oll Day care centers, nursery schools, Headstart any personnel associated with formalized day care centers or nursery schools
- 012 Media any contacts with press, radio, t.v., etc.
- 013 Region 1B Consortium .
- 014 0-6 ECH Personnel Training Project WIU
- Private Organizations United Cerebral Palsy (UCP), Division of Services for Crippled Children (DSCC), Easter Seals, ACC, etc.
- .016 Outreach Project Staff
- 017 Parents, Parent Groups
- 018 Other any other contacts associated with the project
- 019 Not Applicable
- O20 Sites in general any contacts with sites as a group, e.g., training session or meeting (includes Level I sites)



pages

Site Stimulation Procedures

Procedures

1. Send awareness materials to:

--all SIG Directors in targeted states

-- all State Facilitators in targeted states

--State Departments of Special Education, Early Childhood Consultants --Special Education Regional Offices and/or Mental Health, Public Health, Regional Perinatal Centers, Developmental Disabilities

Regions in target states and in states where contacts have already been made

--all who inquire about Outreach services

Include in mailing:

- --7 fliers on overview and training on components
- --brochure
- --abstract
- -- list of materials/order blank
- --latest issue of Outreach newsletter
- -- request for information form
- -- Core Curriculum brochure
- 2. Contact all SIG Directors, State Facilitators via phone call or letter to determine needs
- 3. Include SIG Director, State Facilitators and other state level contacts on mailing list for project newsletter
- 4. Include a Request for Service form in Project newsletter
- 5. Provide awareness materials for participants at state, regional, and national conferences

Follow-Up Procedures

- 1. Follow-up state contacts by:
 - --recording information about state needs as it is received
 - -- analyzing information and selecting new state in which to work
 - --recording on-going interactions with state personnel
 - --filing state contacts in that folder within the appropriate state file
- 2. Keep track of all interactions with state, regional and local personnel by states by:
 - --recording names, addresses and the essence of interactions
 - --materials about states' activities in the same state file
- Follow-up awareness mailings to states in order of expressed interest and on basis of primary and secondary emphasis by telephone contact:
 - --asking for responses to awareness materials
 - --asking for specific information about those interested in receiving Outreach services
 - --making an effort to define their yes, no, maybe, and I don't know answers with who, what, where, when, and how questions
 - --inviting them to visit the Project site
 - --telling them more about the Project

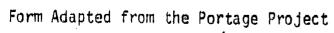
Outreach: Macomb O-3 Regional Project



OUTREACH: Macomb 0-3 Project

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OUTREACH: MACOMB 0-3

PROJECT

Excerpted one of two pages

Replication Site Pre-Training Needs Assessment

AGENCY:

ADMINISTRATOR:

CONTACT PERSON:

ADDRESS/PHONE #

MACOMB PROJECT STAFF MEMBER CONDUCTING NEEDS ASSESSMENT:

- 1. Type of agency--Public School, Hospital, Public Health, Other:
- 2. Description of region served and location of agency:
- 3. Cultural background of families served:
- 4. Types of children to be served:
- 5. Number of children served per CDS.
- 6. How will the Macomb Model fit into existing agency and existing program?
- 7. Number of staff conducting Home Visits:
- 8. Describe staff structure, responsibilities, certification and experiential background:
 - a. Administration:
 - b. Child Development Specialists:
 - c. Will there be a Master Teacher/Supervisor?
- 9. Philosophical orientation of existing program/staff:
- 10. Type and stability of funding:
- 11. Data needed by funding source:



Contact Procedures
OUTREACH: MACOMB 0-3
REGIONAL PROJECT

Basic Assumptions Determining Contact Procedures

These assumptions are basic to the procedures for making contacts leading to adoptions of the Macomb Project Model. They are consistent with the assumptions described by Patricia Hutinger in "A Rural Child/Parent OUTREACH Project: Basic Assumptions and Principles," but do not include them all.

- 1. The Macomb 0-3 Regional Project can provide a valuable service which meets the needs of the community in general and of the contact in particular.
- 2. Every person is a potential agent for increasing awareness of the Macomb 0-3 Regional Project, the direct service provider having the greatestinfluence on change in services.
- 3. The mode of contact chosen will be most efficient if determined by results of previous conversations, level of development toward adoption, and funds available.
 - 1. Personal face-to-face conversation provides the most significant contact by allowing immediate response and interaction as well as time and opportunity for development of mutual trust. This is particularly important to rural people.
 - 2. Telephone conversation provides significant contact by allowing the immediate response and interaction necessary for clarification and further pursuit of cooperative effort, but absence of visual input requires more effort on the part of the caller to develop mutual trust. Phone calls are more economical than personal visits, especially in rural areas where contacts are so far removed geographically.
 - 3. Contact by letter provides the best vehicle for establishing the certainty of decisions made orally, since the written word reduces the possibility misinterpretation. However, the spoken word provides a more friendly basis on which to arrive at decisions of mutual advantage or to clarify a written statement so that it may be rewritten. A letter is more economical than a phone call or personal visit.
- 4. A friendly conversation which respects the integrity of the contact legds to a positive response.
 - A soft, friendly, receptive tone, which is also firm and confident, elicits a trusting response.
 - 72. Discovering the needs of others leads to opportunities to provide awareness information about the Macomb 0-3 Regional Project in particular and its goals in general.
 - 3. Expressed knowledge of the contact -- his/her role, agency and purpose -- and of previous conversations with him/her provides opportunity for clarification and an immediate base from which to launch the conversation.





Strategies for Marketing Outreach Services

A variety of activities are employed to market Outreach services. A brochure explaining the Outreach services available has been developed. It explains the nature of the demonstration project and the Outreach services, in addition to providing names, addresses, and phone numbers for making contact. As significant materials re developed and packaged, descriptive flyers are mailed to BEH-HCEEP projects and selected target audiences. An article outlining the advantages of the model's homebased program in rural communities and the importance of early intervention will also be produced.

Informal contacts are made on a continuing basis to persons in the target areas. Phone calls, personal contacts, letters, newsletters, and other materials provide communication between Outreach staff and target area populations. As opportunities arise, general awareness activities are planned and implemented in target creas. Media coverage is sought. Working relationships are established with reporters. Photographs and slides are taken documenting progress in replication sites. These are employed to develop awareness materials for use by the replication sites.

Persons who seem interested in establishing replication sites or in contracting for one of the services are invited to the Macomb site. Phone calls and face-to-face conversations are used to follow up on initial contacts. If action is not taken by a target agency, further follow-up, including visitation by an Outreach staff member to the target agency site, is usually employed. All Project assistance to a target agency is based upon the careful assessment of need demonstrated by the target agency. The Outreach Project staff is supportive, provide services where needed, and go so far as to suggest services that may be needed; however, the target agency and its particular needs are always given careful consideration. A needs assessment, then, is of paramount importance.

Communications and requests for information or services are responded to within one week. If a request is one that is impossible to deal with in that time period, a member of the Outreach staff will immediately initiate further contact with the requesting agency and maintain contact at intervals less than a week until the request can be met.

Scheduling of service activities attempts to meet immediate needs of target agencies. Personnel training conferences are conducted (centrally located) in sites rather than in geographically removed locations.

When persons visit the Macomb site, every effort is made to meet their needs, from meeting them at the airport, if necessary, to providing informal gatherings to exchange information. Of necessity, the Project Outreach approach is an informal one, with a great deal of effort going into establishing trust and cooperative interaction among persons involved.



Follow-up services are provided into the second and third year of operation, usually with a minimum of one trip per year. Sites are encouraged to request follow-up when they determine a need for it. As target site personnel become competent in Project components, they, in turn, are used in training or workshop activities.

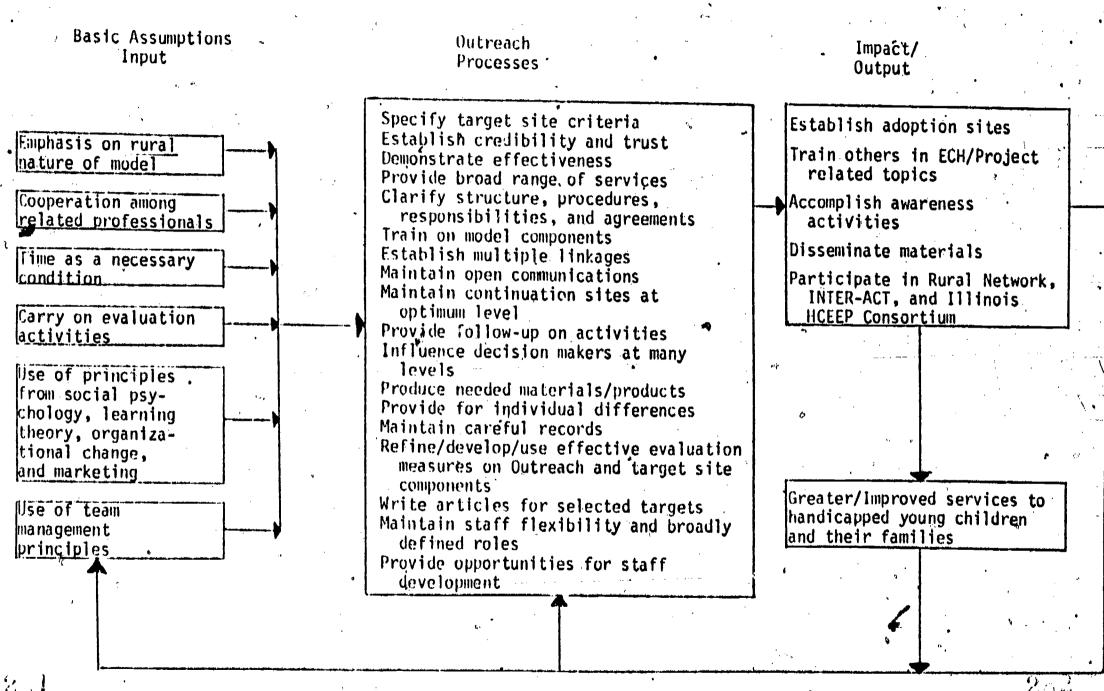
Most materials will be provided to replicating target agencies at no cost. Books and other materials, which have been printed at some expense, are distributed at minimal charges to cover costs.

Basic Outreach Assumptions And Procedures

- I. Assumption: Since the Macomb Model has demonstrated effectiveness in rural areas, major target groups are also rural.
 - A. Establish credibility with rural targets.
 - 1. Emphasize the length of time the Project has been in operation.
 - 2. Provide evidence of effectiveness (Joint Dissemination Review Panel, data base, parent report).
 - Make available the materials produced.
 - 4. Provide evidence of a consistent theoretical base.
 - 5. Emphasize the rural nature of Project.
 - B. Establish trust with rural target personnel through sincere efforts to meet their needs and provision of a "neighborly" approach when visitors come to Project sites.
 - C. Make the most effective use of limited resources available in rural communities.
 - Use therapists and specialists on a consultant basis.
 - 2. Use nondifferentiated staffing.
 - D. Provide a broad range of services to rural programs and offer and distribute materials widely.
- II. Assumption: Cooperation, coordination, and open communication are essential components of a successful program.
 - A. Establish multiple linkages based on functional collaboration in order to increase Project effectiveness in accomplishing stated goals and objectives.
 - B. Ensure that communication within the framework is open, with easy access to Project staff, multidirectional and informal.
 - C. Emphasize cooperation and coordination in order for Project staff to maintain a supporting role in activities, to help ensure successful operation, and to play a leadership role in accomplishing other needed tasks.
- III. Assumption: An ample duration of time is a necessary condition for initiating change demonstrated by the presence of long-term effects.
 - A. Time, patience, and persistence are required to establish contacts and adoption/replication sites.
 - B. Follow-up activities and follow-up evaluation are necessary factors to establish long-term effects.
 - C. Priorities are given to training sessions and activities which require longer periods of time for accomplishment, rather than short presentations.



Figure 7. A Model of an Innovative Outreach Organization: A Rural Child/Parent Service*



* Hutinger, P., A rural child/parent service, Outreach Project: Basic assumptions and principals.

Procedings of the 1980 NCEEP Outreach Project Directors' Conference. Ypsilanti, Michigan: High Scope Press, 1980.



- IV. Assumption: Continuous, ongoing evaluation of Outreach activities and products is essential in order to further the Project's goals and objectives by maintaining those that are successful.
 - A. Maintenance of careful records is essential.
 - B. Refining and developing effective evaluation measures is an on-going process.
 - V. Assumption: Effective Outreach activities combine principles of social psychology, learning theory/ instructional strategies, organizational change, and marketing.
 - A. Principles of social psychology are employed by Outreach staff.
 - Cooperativeness, communication, and coordination with Project sites and linkages are essential.
 - 2. Strategies designed to inform and influence decision makers such as legislators at the national and state levels and key state agency personnel must be systematically implemented.
 - 3. Internal change leaders are natural targets for the change agent since they become influence leaders and help to shape the organizational environment and function.
 - 4. Structural and interpersonal systems must reinforce and legitimate each other.
 - 5. Systems changes set off additional interactive processes in which changes in organizational functioning not only increases outputs, but also develop the latent abilities of people.
 - 6. Target/client system eventually becomes a sophisticated comsumer of new programming, materials, and ideas.
 - B. Marketing principles must be employed to full advantage to have a successful program.
 - 1. Those who adopt/replicate Project components must subscribe to the service delivery model's basic assumptions and curricular principles.
 - 2. Production materials and other promotional and publicity products are in language suitable for a target audience.
 - 3. In order to maintain broad exposure in target areas, materials using the Project logo are widely distributed and are instantly recognized.
 - 4. Materials developed by Project staff are available to anyone who requests them.
 - a. Suggestions for futner information are freely offered.
 - Costs are only to cover productions.
 - c. Some free materials are distributed, depending on the need of the agency.
 - 5. There is a need for broad exposure activities as staff resources permit because the staff cannot always predict when a contact or activity will result in an adoption.

6. Articles in journals about the Project are sent to congressmen, legislators, and other decision makers, since print is a powerful media for informing decision makers.

7. Recognition of individual differences among consumers is maintained through a variety of procedures, including individualized responses

to written and/or phone requests.

 Records of products distributed are kept and followed up for further efforts at evaluating products and determining targeted audiences.

- VI. Assumption: The administration of a successful Outreach project as an innovative organization is based on the use of principles derived from administration/management theory (Blake, 1979; Lambour et.al., 1980).
 - A. Management of the Outreach staff and target site staff is accomplished using team management.

1. Work accomplishment is from committed people.

- 2. Interdependence is through a "common stake" in organizational purpose.
- B. Management is goal-oriented, seeking to gain results of high quantity and quality through participation, involvement, commitment, and conflict-solving.
 - 1. Staff contribute cooperatively to develop ideas and activities.
 - 2. Staff have input on decisions related to the Project.
- C. Staff structure is flexible with an easy shifting of staff responsibilities, a readiness to change, and the ability to take advantage of spontaneous opportunities.

D. Staff roles are broadly defined.

E. Personal growth is emphasized among Outreach staff, the continuation site staff, and the target site staff.

1. Further training is supplied and encouraged.

 As target site staff become competent, they are involved in training activities and contribute cooperatively to ideas and activities.

3. New staff have opportunities to develop unique skills and interests.

F. Staff-turnover is expected; when staff move to other locations, they are encouraged to serve as disemination/replication/consultants.

OUTREACH: Macomb 0-3 Project

MODEL FIDELITY PROFILE Needs Assessment/Evaluation Instrument

The Macomb 0-3 Project staff developed the Model Fidelity Profile for each of the project components in order to:

- 1) Provide specific information about each of the Macomb Model components to administrators and educators at agencies interested in adopting the Model or model components;
- 2) Provide a framework to assess the current status of an already existing program that is adopting Macomb Model components in order to pinpoint areas where training and technical assistance are needed for replication purposes; and
- 3) Assess a site's progress towards adoption/replication over time through program review and evaluation.

The Model Fidelity Profile developed for full model adoption includes content in the areas of:

- 1.00 Administration--program planning, personnel, physical arrangements,
 financial administration, evaluation and planning,
 reports and records, advisory board, coordination with
 other agencies
- 2.00 Services to Families -- home visits
- 3.00 Services to Children
- 4.00 Staff Development
- 5.00 Dissemination
- 6.00 Core Curriculum
- 7.00 Sharing Centers
- 8.00 WADE-Water Activities for Developmental Enhancement
- 9.00 Program Evaluation



Individual profiles can be separated and used when sites adopt one or more components. Tasks are reviewed during initial training and are updated by Macomb staff conducting follow-up training and/or evaluations over time.

Tasks required by adoption sites comprise the starred items on the profile; additional tasks that are included reflect the state of the art procedures developed subsequent to Macomb Model development. A ranking system is used; additional space is given after each item so that staff can include specific information when necessary. The Macomb staff reviews any printed information documenting task completion and copies are kept with the Profile when appropriate.

Each task is examined using the following steps:

- STEP 1--Determine whether the task is relevant to the program and/or to adoption/replication. If the task is not relevant, circle "0" on the rating scale and proceed to the next item.
- STEP 2--If the task is relevant, rate the current status of the project on that task using the following scale:
 - 1. "f"-Must be Considered and Planned (The task is relevant, but work to complete it has not begun.)
 - 2. "2"-Task Partly Completed (Work to complete the task has been started.)
 - 3. "3"-Task Completed/In Operation (No additional work to complete this task is needed. Work related to the task may be ongoing.)
- STEP 3--If the current status of the task is rated either "1" or "2", determine whether the status of that task should change during that year in order for the program to make needed or desired progress towards adoption/replication. If a change in status is indicated, record the desired status/year in the space provided.

For example, a task may be rated at "1" and the desired status for the end of the year (1985) is "3." Record a 3/84 in the space provided. If no change in status is desired, write NC in the space provided.

STEP 4--For every task where a desired change in status has been indicated, determine where the project can make the desired progress using its own resources, or whether training from the Macomb Project will be necessary to achieve the desired progress.

If training is needed from Macomb Project staff, place a "T/M" in the space provided. A technical assistance need may also be indicated in relation to a task that has been rated "3"-Task Completed/In Operation. In such cases the purpose of the technical assistance would be consultative—to monitor the project's procedures in that task area and make suggestions to enhance procedures. In those instances place a "C" in the space provided.

1.00 ADMINISTRATION

PROG	RAM PLANNING						į
*1.1	The program has a written statement of overall program goals and objectives including philosophies regarding child development			v			
	and learning,	0	1	2	3		
,*	and family involvement in the program	0	1	2	3	· .	
•							
1.2	The program has a written statement of the project's organizational structure and decision making process.	0	. 1	2	3		-
P .a			٠.	•			
1.3	The program has a written statement of the roles and responsibilitie of the project and the local fiscal agency.	s '	1	2	3	•	 -
		•				-	
1.4	The program has a written policy for involvement and collaboration with other agencies and programs.	0	1	2	3	-	
¥					·	. 5	
1.5	The program allocates time annually for program review by administra and direct service staff.	tion 0	1	2	3	-	
					,		
1.6	The administration and personnnel are able to articulate the goals and philosophy of the program.	0	ì	2 .	3		•
					•	•	
			•		4		
1.7	The program goals and objectives are reviewed and/or revised to refleany shifts in program planning and development as well as revisions of state and federal laws.		1	2	0 3	•	



QUTREACH: Massinh Q-3 Regional Project

*1.8	The procedures for providing informed consent, due process and assura of confidentiality are being carried out as established; release of	псе			c ·		
	information forms are utilized when needed.	0	$1_{\mathbf{i}}$	2	3	***	
•					٤,		ž
1.9	A whiting list policy has been established when they be						
1.3	A waiting list policy has been established, when they are a legal option.	0	1	2	3		
						_	
1.10	Criteria for program placement have been established.	0	1	2	3		
,	•	•	9	•	•		
	Σ					1	
	4			•			
		,				`	•
PERSO	DHNEL						
1.1	The program has written job descriptions and qualifications.	•	•		_		•
^	ine pregram has written job descriptions and quarritations.	U	1	. 2	3		
	· ·		•				
1.2	Program staff have been hired and are carrying out their respective responsibilities as described in their job descriptions.	0	1	2	3		, Selection
							•
	• • • • • • • • • • • • • • • • • • •	-		•	4		
*1.3	Staff size is adequate for program size and the geographical region i	•			•		
	one FTE/CDS per 15 children, depending on severity of handicapping				•		
•	conditions and geographical location of families.	Ò	1	2	3		
	-Specialized, related service personnel are available on a consultant basis to evaluate program children and act as transdisciplanary team	•					
	-Specialized, related service personnel are available on a consultant basis to evaluate program children and act as transdisciplanary team members in programming and direct service.	. 0	1	2	3		***********
·	basis to evaluate program children and act as transdisciplanary team	O	1	2	3		**************************************
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service.	. 0	1 .	2	3	-	**************************************
	basis to evaluate program children and act as transdisciplanary team	O	1	2	3		***************************************
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical.	-		-			2
· · · · · · · · · · · · · · · · · · ·	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical.	-		-			· · · · · · · · · · · · · · · · · · ·
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical, psychological	-		-			
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical.	-		-			
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical, psychological -Clerical/secretarial staff are available to provide assistance to	0		2	3		
	basis to evaluate program children and act as transdisciplanary team members in programming and direct service. -Other consultant specialists are available such as medical, psychological -Clerical/secretarial staff are available to provide assistance to	0		2	3		



*1.4	The Staff have a commitment to Macomb Model philosophy and procedures.	0	1.	2	3	
						. \
PHYS	ICAL ARRANGEMENTS					
1.1	Appropriate amount of office space is available for personnel/staff to carry out administrative tasks (phones, files, desks, shelves).	0	1	2	3	-
		,	•	,	¥	
			•		•	
*1.2	A locked record keeping area is used.	0	1	2	3	
						,
1.3	A location is secured for Sharing Centers	0	1	2.	3 .	• ves
				•		•
1.4	A Resource Library is availablebooks, catalogues, journals.	. 0	1	2	3	
)	•		,
			•	3	. 3	et o
1.5	Audio-Visual Equipment is available (list):	0	. 1	2	3 .	
e e	~				٠	•
*1.6	Toys, instructional materials, therapeutic/adaptive equipment appropriate for young children and the space necessary for storage and	4			ŕ	· ·
	retreval are available.	0	1	2	3	
			•			e, •
*1.7	Screening/assessment/diagnostic instruments are available.	0	1	?	3	
				·		
1.8	A transportation system is in operation for staff and/or project families.	n	1	,	7	

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FINANCIAL ADMINISTRATION

						
1.1	The budget is adequate for program needs: size, staff, families served, transportation, and other considerations.	0	1	2	3	
1.2	Budget considerations are understood by staff.	0	1	2	3	**
						,
1.3	Procedures for analysis of cost data have been implemented.	0	1	2	3	
				•		
1.4	Procedures for expending and monitoring project funds have been implemented.	0	1	2	3	
1.5	Procedures for expanding funds are written and implemented if needed.	0	1	2	3	
	t				,	·
EVALU	ATION/PLANNING					
*1.1	A system for collecting, storing, and retrieving evaluation data is operational for each program component.	0	1	2	3	1
1 .2	Mechanisms for preparing reports containing evaluation data for target audience are in place.	0	1	2	3	,
	•					



*1.3	Staff meetings are held on a regular basis to						
	review individual cases;	0	1	2	3		-
	review monthly data;	0	1	2	3		-
	provide evaluation feedback to staff;	0	1	2	3		
	plan for special projects/events;	0	1	2	3		
•	recognize staff achievement;	0	1	2	3		
	provide support;	0	1	2	3		•
	give staff opportunities to consult with each other.	0	1	2	3		
1.4	Audiences for dissemination of information have been targeted,	0	1	2	3		
	•				6 Frances	•	•
1.5	Methods for dissemination of information have been implemented.	0	1	2	3		
1.6	Child gain data for all program children is collected regularly (annually) and statistically analyzed to determine overall program impact.	0	1	2	3	,	
1.7	Sufficient other testing (criterion-based tests, developmental check-lists, occupational and physical therapy reports, etc.) is compiled to provide information necessary for program planning.	0	1	2	3	***************************************	
1.8	When appropriate, charting of certain child behaviors is used to document change.	0	1	2	3		
	•					•	
1.9	Parent involvement in program activities is documented.	0	1	2	3		
1.10	Subjective evaluation procedures such as observation, discussions with parents, photographs, and videotapes are used regularly and documented to evaluate children, parents/families, staff, and pro-	1					
	gram activities.	0	1	2	3		
						· .	
1.11	Methods for parent evaluation of group activities are implemented.	0	1	2	3	**********	



1.12	A staff accountability program is used to document staff time and			•		
	cost effectiveness.	0	1	2	3	
		-	. •	•		
					. "	
REPOR	TS AND RECORDS	b	,	•		
*1.1	Records and filing system(s) are established and operational.	0	1	2 .	3	
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		•	,			,
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*1.2	Files are maintained on each child enrolled in the project. The following are available:					
	referral forms,	0	1	2	3	
		v			3	
	screening results,	0	1	2	3	
	placement forms,	0	1	2	3	
	medical reports,	0	1	2	3	
	assessment results/reports,	0	1	2	3	· ·
	diagnostic evaluations/recommendations,	0	1	2	3	.,
	therapists' reports,	0	1	2	3	
	individualized programsgoars and objectives,	.0	1	2	3	
	home visit activity plans,	0	1	2	3	
	release forms,	0	1	2	3	
•	child progress data,	0	1	2	3	
	anecdotes,	0	1	2	3	
	child/family attendence at home visits, sharing centers, WADE,					
	and other program functions,	0	1	2	3	
	telephone contacts with the family, and	0	1	2	3	
	telephone contacts on behalf of the child/family.	0	1	2	3	
1.3	Monthly family service summaries are compiled by staff.	0	1	2	3 .	
	A	٧	•		.	
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ADV	ISORY BOARD						
* 1.	1 There is a written description of the Board's goals and objectives.	0	1	2	3		
*1.	2 There is a written description of the Boards's membership and responsibilities.	0	1	2	3		
*1.	3 The Board meets on a regular basis; records are maintained on activities/discussion.	0	1	2	3		
<u>coo</u>	RDINATION WITH OTHER AGENCIES					•	
*1.	Information is exchanged with other 0-3 programs, preschool programs, and other agencies serving young children.	. 0	1	2	3	_	*********
1.2	The project is represented in community/state planning efforts for providing services to young handicapped children and their families.	0	1	2	3		
1.3	The children being served in the project are included in the LEA/SEA child count.	0	1	2	3		alisa de la compansión de
1.4		0	1	2	3		
*1.	The project has developed collaborative agreements with other agencies for necessary services.	O	1	2	3		



2.00 SERVICES TO FAMILIES

	·					
*2.1	The philosophy, goals, and objectives for parents and family involvement have been communicated to staff and parents, as well as to related personnel and the community.	0	1	. 2	. 3	-
			1			٠.
*2.2	Procedures for orienting the family to the project have been implemented.	0	1 ,	2	3	-
*2.3	Family needs have been determined through observation, discussion with members, and with related service personnel.	o ,	1	2	3	·
* 2 A	1 Coddman and the control of the con				•	,
~2.4	Indirect services that are designed to meet family needs i.e., consultative, medical, respite, diagnostic, spiritual have been implemented.	0	1	2	3	,
*2.5	Information is shared with families as required by PL94-142, by other federal, state, or local laws or by the funding agency.	0	1	2	3	,
*2.6	Project staff members assume a role of support for families.	0	1	2	3	· .
*2.7	Family-family support activities are implemented via Sharing Centers or other programs.	0	1.	2	3	
2.8	Staff encourage family involvement in the child's program at the family's level of readiness for participation.	0	1	2	3	1



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2.9	Staff encourage families to assume an advocacy role for their children.	0	1	2	3		iri da
		,					
*2.10	Parent satisfaction data are obtained four months after enrollment and at six month intervals thereafter.	0	1	2	3	**********	,
شد					•		
2.11	Data are collected to document the extent of progress (or change) An family members when appropriate.	0	. 1	2	3	**********	,
					•	•	
2.12	Page and collected to decompose the second to the second t					•	
12	Data are collected to document direct and indirect services provided t families.	0	1	2	3		
,					•		
2.13	Home Visits, Sharing Centers; WADE, indirect service appointments, or			•			
	other project activities.	0	» 1	2	3		
٠	•						
			•				•
HOME	<u>VISITS</u>					•	
2.1	Home visits are scheduled at a time agreed on by the agency and family, keeping in mind the child's optimal time for interaction, and the family's optimal time for involvement.	0	3 1	2	3	, , , , , , , , , , , , , , , , , , ,	
					•		
2.2	Families who have children exhibiting mild delays or who are at-risk for whom Home Visits are not warranted, are offered an opportunity to						
	participate in the Sharing Center program as a way for staff to moniter the child for future delays.	0	1	2	3		
						· ~	•
2.3	Family members provide input into the development of an individualized plan for the child.	0	1	2	3	•	
	,						



*2.4	During the initial assessment period, the family provides information needed for infant intake, systematic observation and formal assessments (REEL, Alpern-Boll, Uzgiris-Hunt) as well as signing agreed upon forms, e.g., initial home visit; approval for placement; transportation, photo, field trip release forms; and medical releases.	••	1	2	3		
							Ψ
*2.5	The CDS provides information or interpets information developed by other team members during the evaluation process to family members prior to a formal staffing/or IEP development meeting. The staffing	ei 4 2	,		,		i i
	may take place in the home with the CDS assuming a case manager role.	0	1	2	3		******
			•				
							•
*2.6	The CDS arrives on time and stays for the time alloted for a Home Visit	::					!
	he/she reminds parents of the schedule when necessary and notifies them	•	,				
	of schedule change at the earliest opportunity.	0	1	2	3,		******
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				,		•	
*2.7	Home visits are scheduled weekly, bi-weekly, or monthly depending on the needs of children and families.	0 -	1	2	3 .		· .
,/							
				•			•
*2.8	The CDS helps family to child proof space used during the home visit.		0	1	2	3	
•	•					•	
	<i>'</i>	•			· 		
					7	•	
*2.9	The CDS reviews planned activities and the purposes for activities at t	he .	•		•	*	
	beginning of each session; he/she relates them to the activities conduc						
	at the last visit when appropriate.	0	1	2	3		
	• •	•					
#9 1 0	The CDS models the activities for family members to observe.	o. O	,	2	3	**	
Z • 10	THE ODS WATERS FINE SECTIONES INC. ISMITT WENDELD FO ODSELAC.	U .	•	4	J		
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-2.11	The CDS encourages the parent to engage in the activity with the						
	child, and reinforces appropriate techniques/strategies they use with			•			
	the child. He/she points out ways to intervene more appropriately						
	when needed.	0	1	2	3		
•	Milet Headage	U	Ţ	2	3		
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4 ""							
	€:						
*2.12	The CDS and family members share information concerning the activity.	Λ	1	. 2	2		
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	4						
	° v						
•	1 4						
*2.13	The CDS plans home visits to be as child and family-focused						
	as possible.	_				a'	
	as possible.	• 0	1	2	3		
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					•		
	•						
	·						
40 14	Time de allahad dan walls de						
-2.14	Time is alloted for exploratory, non-directed free play and interaction	on					
	with toys and objects; the CDS models and discusses appropriate levels	S					
	of interaction during free play in terms of the child's handicap and		,			•	
	ability level.	0	² 1	2	3.	t	
		•	•	6	J.	 ,	_
	•	•					
	·						
*2.15	Familie: have the opportunity to use project materials and toys on a					·	
	short term loan basis.		•	2	•		
	and a fact that the fact the	U	1	2	3		_
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	•		•				
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	·					e.	
#2 16	The CDS communicates with and carries out techniques and activities						
~2.10		_					
	suggested by other professionals working with the child.	0	1	2	3		
							_
	•				•		
	, and						•
	•					•	
	•						
*2.17	An activity plan is developed for each home visit including activity,			•			
	objective, materials needed, evaluation and follow-up.	0	1	2	3		
		-	-	_	-		—
	· W						
	0						
*2.18	Reassessment of child and family needs is conducted at six month						
, .,	intervals; a new individualized program is then developed.	0	1	2	3	*1	
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3.00 SERVICES TO CHILDREN

*3.1	Casefinding/intake activities are ongoing or completed; a referral system has been established that is runctional and effective with LEA's, social service agencies, medical/helping professions and the community at-large.	o	1	2		•
			3	. -	•	
			re	•		
3.2	Community screening programs have been implemented.	· O	1 .	2	, 3	
		.				
			c^s			
3.3	The project has admitted and is currently serving the number and type of children specified in its plans.	0	1	2	, 3	- 7
				13		
*3.4	Referral procedures for handicapped children who were <u>not</u> admitted to the project have been carried out.	0	1	2	3	· ·
						42
			ě			/
*3.5	Each child referred to the project is screened using a standardized instrument within the child's home environment (or at a community screening).	0	1	2		1, '
				•	· .	
						·
*3.6	Assessment procedures have been carried out for each child enrolled in					9
	the program using assessment instruments agreed upon by the program			1		•
	staff and the Macomb project.	.0	į	2⊜	3	
				•		
			•			
* 3.7	Data is maintained on child progress toward achieving goals and objectives.	_		_	_	i
	objectifes.	0	1 .	2	3	
	•					
#7 Q	An in invidual numerous plan has been devaled on a set ability to day					
	An in 'ividual program plan has been developed for each child admitted to the project based on assessments, observation and parent input.	0	1	2	3)
	•		Y	(
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· -2.9	unituren are reassessed at six month intervals; on-going data					•	
	collection is maintained and provided to the Macomb Project.	0	1 +	2	3		4
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							,
*3.10	Sufficient additional curriculum/instructional materials, and adaptive				•		
	equipment have been acquired to carry out the project's instructional						
	program.	0	1	2	. з		
			-	_	•		
	$oldsymbol{\lambda}^f$						
	•						
33.11	Staff have received training on the use of the Core Curriculum. It						
St	has been adopted and used in developing individualized programs.	•		•	_		
* &	mas seem edebted and ased in developing individualized programst	U	1	2	3		
	•						
		·					
`	•						
4	·						
- 0 10							
-3.12	An individual record file on each child served by the project is					•	
	being maintained (see Administration/Records and Reports #2).	0	1	2	3		
					-		
					•		
						•	
,	ı ,						• • •
	•						
*3.13	Procedures for securing services for children through other agencies						
	have been implemented.	0	1	2	3		
		•	•	•	•		endended Tree
						\$	•
				1		•	
	•						
	. The second of						
*7.1A	Procedures for secreting a shiftle emended as data assets as a secreting as	_					
J+47	Procedures for assisting a child's transition into another program have been implemented.	_		_	_		
	·	0	1	2	3		
	· · · · · · · · · · · · · · · · · · ·						•
_				2			
					4		
_	F_{1}			,		6	
*3.15	Follow-up procedures for tracking project children over time have been			•		*	
	designed and implemented; data is tabulated yearly.	0	1	2	3		
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*,							•
<i>y</i> •) () () () () () () () () () (
•	• • • • • • • • • • • • • • • • • • • •		•				
		`					
*3.16	Children enrolled in the program make developmental gains similar to						
3.14							
A	those achieved during the Macomb Model development phase as reported	•			_		
,	in their JDRP proposal (criteria for replication).	0 .	1	2	3	-	***************************************
					,		

*3.17 The child and family are visited at regular intervals; visits are child and family-focused and include developmentally appropriate activities,

free play between child and family, discussion with CDS (see Services to Families/Home Visits).

*3.18 The child's environment and interaction with caregivers is formally and informally assessed; program plans are made reflecting areas of need.

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4.00 STAFF DEVELOPMENT

*4.1	Staff receive initial training on Macomb Model components and procedure (Home Visits, Sharing Centers, WADE, Core Curriculum, and Program Evaluation); follow-up is carried out at regular intervals.	es - 0	1	2	3		<u></u>
4.2	The program provides for transition and orientation in Model procedures for new staff.	s 0	1	,2	. 3		,
,							
*4.3	Competency checklists are used in self and supervisory evaluations of staff performance and to identify staff development/training needs.	0	1	2	3		and the second s
	· · · · · · · · · · · · · · · · · · ·						
*4.4	Staff development activities are held on an on-going basis at regular intervals.	0	. 1	2	a .		
		Ť	•	•	,		*
*4.5	as a result of staff development activities	0	1	2	3	v	
*4.6	Adequate release time and financial support in terms of staff needs are allotted for staff development activities.	0	1	2	3		
*4.7	staff; they are provided with a printed job description and an outline of responsibilities	0	1	2	3		
	•						
*4.8	family consider aumenter and advisor as	0	1	Ż·	3		
*4.9	Satisfaction with Staff Development Questionnaire is completed at six month intervals.	. 0	, 1	2	3		
			-		-		

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5.00 DISSEMINATION

5.1	Plans for developing public awareness of the need for services for young handicapped children have been implemented.	0	1	2	3		
	•						
						•	
*5.2	Plans for providing information to the public about the project have been implemented. $\frac{\pi}{2}$	0	. 1	2 `	3	,	·
				·	ť	, J	
5.3	Procedures for demonstrating project components to the public have been implemented (criteria for replication).	0 -	11	2	3		
							
						·	
5.4	Potential sources and activities for expansion of funds have been implemented when appropriate.	0	1	1 <u>]</u>	3	· 	P0-44
					,	,	
	$\mathbf{r} = \mathbf{r} \cdot \mathbf{r}$		•				
5.5	Effective and productive working relations with the medical community, focal education agencies, and local social service agencies have been		ب			•	
	established.	0	1	2	3		



6.00 CORE CURRICULUM

*6.1	Program staff have been trained by Macomb staff to implement the Core Curriculum component (list date and staff names).	0	1	2	3		
*6.2	Program staff are able to articulate the philosophical basis from which the curriculum was developed.	0	1	2	3		·
	· · · · · · · · · · · · · · · · · · ·			•			
*6.3	Staff can articulate the concept of "functional curriculum."	0	1	2	3	•	
*6.4	Staff are able to differentiate between goals, objectives and activities.	0	1	2	3		•
*6.5	Staff use referenced skill sequence charts when observing child behavior and when interviewing family members to place the child within the curriculum.	0	1	2	3		
* 6.6	Data from observation, standardized assessments, diagnostic assessments, criterion-referenced tests, as well as family related service staff input are used to place the child in the curriculum and to develop an individualized program plan. $$\mathfrak{h}$$	0	1	2	3	······································	
* 6.7	Staff have a working knowledge of the content within each curricular area:			١			
	-Gross Motor	0	1	2	3		******
	-Fine Motor	0	1	2	3		
	-Cognition ,	0	1	. 2	3		
	-Communication "	0	1	2	3		
,	-Social ·	0	1	2	3		<i>f</i> ,
	-Self Care	0	1	2	3		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	The Curriculum is used with the target population for which it was intended.	0	1	2	3		
	The program resource library includes reference works cited in the Curriculum.	0	1	2	3	rudospopus. a	
4							

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OUTREACH: Mesomb O-3 Regional Project

	in the second of						
6.10	Related service staff are familiar with the content and use of the curriculum.	. 0	. 1	2	3		
*6.11	Related service staff provide adaptations for skill sequences for thildren having diagnosed handicapping conditions.	. 0	1	2	3	<u> </u>	*******
6.12	Related service staff are encouraged to integrate Curriculum goals and objectives into therapeutic sessions.	0	· 1 .	. 2	3	 ,	**************************************
*6.13	Staff are able to explain to parents the significance/ importance of individual skill area statements and skill sequence statements (goals and objectives).	0.	1	2	, 3		n n
*6.14	Core Curriculum goals and objectives are formally included on IEP forms.	0	1	2	. 3		•
*6.15	Activity plans for home visits are developed to facilitate targeted Core Curriculum goals and objectives.	0 .	1,	2	3		,
*6.16	Parents are encouraged to follow through on conducting activities to promote acquisiton of curricular goals and objectives from visit to visit.	0	•	2	3		•
4. 17	Program Planning Guides are used to record initial placement and on-going achievements.	0 .	1	2	3	·	
6.18	Staff develop additional activities that are functional in nature to facilitate curricular goals and objectives.	。′ 0	1	2	3	****	-
*6_19	Reassessment and programming are regularly conducted at six month intervals or oftener.	`` `	1	2	3		*************
*6.20	Program procures appropriate instructional materials/resources and adaptive equipment to carry out curricular goals.	n	1	2	2		

7.00 SHARING CENTERS

*7.1.	Program staff have been trained by Macomb staff to implement the Sharing Center component (include date and staff names).	0	1	2	3	4	
*7.2	Program staff are able to articulate the rationale, goals, and objectives of the Sharing Center component to parents, professionals and the community at-larys.	0	1	. 2	3	4	
*7.3	Program staff have a commitment to Sharing Center objectives and procedures.	0	1	2	3	4	
*7.4	Family involvement and interest levels are assessed formally or informally prior to implementation.	0	1	2	ż	4	
*7.5	Individual Sharing Centers are discussed with families ahead of time; staff call the family, or send a written reminder (invitation, agenda, program).	0	. 1	2	3	· 4 .	
• 7.6	Sharing Centers are held in an acceptable, safe, comfortable environment in an appropriate location, in terms of geographical location, group size, and type of program.	0	1	2		4	
*7.7	Non-handicapped children and family members attend Sharing Centers regularly.	0	1	2	3	4	
*7. 8	A written plan is developed outlining the schedule, activities, objectives, and materials needed for an individual Sharing Center.	0	1	2	3	4	
*7.9	Children's individual needs and goals are considered in developing activities and in structuring Centers.	0	1	. 2	3	4	
~7. 10	Activities are family-child centered, not staff-child centered	0	1	2	3	4	CONTRACTOR OF THE PROPERTY OF
*7. 11	The families' individual needs/gools are considered in developing activities and structuring Sharing Centers.	0	1	2	3	4	
*7. 12	Parents are given opportunities to participate in planning, participating in and implementing Centers.	0	1	2	3	4	



OUTREACH: Messrais O-2 Regional Project

*7.13	Children whose delays or handicaps do not warrant home visit involvement are offered an opportunity to attend Sharing Centers with family members as a way for program staff to moniter						
	development.	0	1	2	3		•
*7.14	The number of parents attending the Centers meets the criteria of program developers.	° 0	1	2	3		(118_1,111_2)
*7. 15	The Sharing Center area is adequately childproofed.	0	1	2	3	4	
*7. 16	A snack is prepared at or brought to the Sharing Centers.	0	1	2	3	4 _	
* 7.17	Staff model appropriate language and behaviors for family members to observe.	0	1	2	3	4	
* 7.18	Sharing Centers are held monthly or bi-monthly.	0	1	2	3	4	
* 7.19	Transportation is provided when needed.	0	1	2	3	4 _	
*7.2 0	Sharing Centers are scheduled for at least a two hour time block.	0	1	2	3	4	
	Sharing Centers are scheduled at a time which facilitates optimal child-family involvment.	0	1	2	3	4	
*7.22	Parent study groups, involving topical discussion, speakers, or the media are conducted at each Center, or at least periodically.	0	1	2	3	4	
*7.23	Special guests, (administrators, visitors, related service personnel) are invited to attend Centers periodically.	0	1	2	3	4	
*7.24	Individual Centers are evaluated by families and staff; data and comments are documented, summarized and used for future planning.	0	1	2	3	4	
*7.25	Families and staff indicate favorable responses to Centers. (criteria for replication).	0	1	2	3	4	
*7.26	rians are developed/implemented to increase the community's	® 0	1	2	3		ndinardoni d

8.00 WADE-Water Activities for Developmental Enhancement

*8.1	Program staff have been trained by Macomb staff to implement the WADE component (include date and staff names).	0 .	1	2	3		
	Program staff are able to articulate the rationale, goals, and objectives of the WADE component to families, professionals, and the community at-large.	; - 0	1	2	3		6
\$	• -		7	_			
*8.3	Program staff have a commitment to WADE goals and procedures.	0	1	2	3		
*8.4	Family involvment and interest are assessed formally or informally prior to implementation.	0	1	2	3		
*8.5	Family members are encouraged to engage in water play activities at home.	0	1	. 2	3		
*8.6	Parents are cautioned about "infant water intoxication" and are told about measures taken to guard against it in the WADE program.	0	1	2	3		
*8.7	Facilities are appropriate for a WADE program:					•	,
	-pool facilities are easily accessable by families/staff;	0	1	2	3		
	-pool temperature is maintained at 90-95 degrees;	0	1	2	3		·
	-shower facilities are available;	0	1	2	3		
	-a certified lifeguard is present; and	0	1	2	3		
	-changing tables or blankets are provided.	0	1	2	3		
*8.8	WADE sessions are limited to 30 minutes in pool time.	0	1	2	3		
*8.9	Parents are formally or informally orientated to the WADE program.	0	1	2	3		
*8.1	O All children enrolled in WADE have a physician's permission to attend (and a therapist's permission when needed).	0	1	2	3	-	
*8.1	1 Program staff develop a plan for each session including schedule, participants, and individual responsibilities.	0	1	2	3	•	,



*8.	12 A WADE participation form is completed for each child attending WADE including:						
	-child and caregiver's levels of water adjustment;	0	1	2	3	********	
	-special considerations for child;	0	1	2	3		
	-other family members and friends who will be attending;	0	1	2	3		
	-objectives for the child;	0	1	2	· 3		
	-accomplishments of the day;	0	1	2	3		
	-unusual happenings; and	0	1	2	3		-
	-recommendations for next session.	0	1	2	3		************
<i>~</i> ≠8.	3 Water adjustment activities, procedures, and techniques are demonstrated and/or conducted with children and family members.	0	1	2	3		
*8.	14 Program staff demonstrate activities and techniques for family member to use with their child(ren) in the water that are appropriate for the child's needs and level of water adjustment.	s	1	2	3		-
					."		
*8.	l5 Floating toys/objects and flotation devices are used when appropriate.	0	1	2	3		
*8.	l6 Group activities and circle games are used during WADE sessions.	0	1	2	3 .		
*8.	L7 Snacks are brought to share at the end of WADE sessions.	0	1	2	3		
. *8.	18 Each WADE session is evaluated by staff and families; data is maintained and used in future planning.	0	1	2	. 3		



9.00 PROGRAM EVALUATION

*9.1	A system for collecting, storing, and retrieving evaluation data is operational for each program component.	0	1	2	, 3 _.	• 		
*9.2	Mechanisms for preparing reports containing evaluation data for target audiences are in place.	0	1	2	3	-	-	:
`*9.3	Target audiences for dissemination of information have been identified.	0	1,	2	. 3 «			
*9.4	Methods for dissemination of information have been identified.	0	1	2	3			
*9 _÷ 5	Child gain data for all program children are collected regularly (annually) and statistically analyzed to determine overall program impact.	0	1	2	3		(D,
*9.6	Children are assessed at regular intervals using a standardized instrument to allow statistical analysis of scores.	0.	1	2	3			
*9. 7	Sufficient other testing (criterion-based tests, developmental checklists, occupational and physical therapy reports, etc.) is completed to provide information necessary for program planning.	0	1	2	° 3		,	
*9. 8	When appropriate, charting of certain child behaviors is used to document change.	0 .	° 1	2	3 ,	. 1	Pro-	
*9.9	Parents are surveyed on a regular basis to determine satisfaction with the program.	0	1	2	3			
* 9.10	Parent involvement in program activities is documented.	0	1	2	3	******		
*9. 11	Data are collected to measure changes in the behavior and/or attitudes of family members when appropriate.	0	1.	2	3	1		
*9.12	Data are collected to document direct and indirect services provided to families.	0	1 -	2	3			



OUTREACH: Mesorub 0-3 Regional Project

*9.13	Subjective evaluation procedures such as observation, discussions with parents, photographs/slides, and videotapes are used regularly to evaluate children, families, staff and program activities.	0	1	2	3		
		•	•	•	4		15
+9.14	General information about the child and family is collected to aid in programming for the child.	0	1	2	3		
* 9.15	Methods for parent evaluation of group activities are implemented.	0	1	2	3,		
*9 .16	Competency checklists are used on a regular basis in self and supervisory evaluation of staff performance and to identify staff development/training needs.	0	1	2	3		<i>i</i>
*9.17	Data are kept on the extent of progress or change in staff competencies as a result of staff development activities.	0	1	2	3	_	——————
	Staff development activities are documented and tabulated annually.	0	1	2.	3		,
*9.19	Staff are surveyed regularly for satisfaction with staff development activities.	0	1	2	3		
*9 .20	A staff accountability program is used to document@staff time and cost effectiveness.	0	1	2	3		





MODEL FIDELITY PROFILE REFERENCES

Needs assessment index for programs serving handicapped preschool children

Virginia Association of First Chance Projects.

Program questionnaire/observation checklist Project RHISE/Outreach,
Children's Development Center, 650 N. Main St., Rockford, Illinois.

Program evaluation outline, Human Development Facilitator, Rockford, IL.

OUTREACH: Macomb 0-3 Project products, training materials, evaluation procedures.

HCEEP demonstration project profile: A needs assessment instrument TADS/WESTAR.



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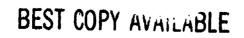
Appendix E: Adoption Agreements.

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AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

	Project KIDS-St. Joseph's Hospital agrees to adopt the Sharing Center	
cem	ponent(s) of the Macomb 0-3 Regional Project model. Training will	
inv	olve1_ staff members, serving children.	
	•	
	Project KIDS agrees to:	
1.	Participate in initial training at the Project site for staff members.	
2	(took place at Montana Conference 4/84)	
۷٠	Host on-site follow-up training as needed.	
3.	Host component follow-up evaluations two months and four months after completion of training. These evaluations may include observation, videotaping of activities and completion of questionnaires by staff and parents.	
4.	Document number of children and parents participating in the Sharing	
	Center component and supply information on handicapping	
	conditions.	
		,
•	The OUTREACH: Macomb O-3 Regional Project staff will:	
1.	Provide initial training for $\frac{1}{1}$ staff members at the Project sita for $\frac{1}{1}$ day(s). (took place at Montana Conference)	•
2.	Provide pertinent written materials to staff free of charge.	
3;	Provide on-site follow-up training as needed.	•
4.	Provide component follow-up evaluations two months and four months after completion of training.	
5.	Be available for consultation and further training as requested.	۰
	6/6/84 KIDS Nell Shoemakai Adopting Agency	
	Date 5/3/84 OUTREACH: Macomb 0-3 Regional Proje	<u>.</u>
	•	





AGREEMENT: ADOPTION OF MODEL

	Chauncy Pre-School agrees to replicate the Macomb 0-3
Reg	gional Project musel for services to handicapped children and their
	nilies. Replication of the model will involve $\frac{2}{2}$ staff members,
	ving 6 children.
	Chauncy Pre-School agrees to:
1.	Implement the home visit and sharing center components of the model.
2.	Participate in initial training at the Project site for $\frac{2}{2}$ staff members.
3.	Host on-site follow-up training as needed.
4.	Host follow-up evaluations two month and four months after completion of training. These evaluations may include observations, videotapings of activities and completion of questionnaires by staff and parents.
5.	Complete child and parent assessments at six month intervals.
6.	Document the number of parents and children participating in home visits and sharing centers. Document number and types of handicapping conditions.
	. F
o	The OUTREACH: Macomb 0-3 Regional Project staff agrees to:
1.	Provide initial on-site training for $\frac{2}{2}$ staff members for $\frac{2^{1/2}}{2}$ day(s).
2.	Provide written materials needed for training and replication free of charge.
3,.	Provide on-site follow-up training as needed.
4.	Conduct follow-up evaluations two and four months after training.
5.	Be available for further consultation and training if requested.
_	W. Contra Dadiza 9-7-84
	Replication Agency Date
	ITREACH: Macomb 0-3 Regional Project 9-7-84 Date
	JIREACH: Macomb 0-3 Regional Project Date

AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

	ZIPP	agrees to adopt the Home Visits
	ponent(s) of the Macomb 0-3 Regional olve $\frac{1}{2}$ staff members, serving	Project model. Training will
	ZIPP	agrees to:
1	Participate in initial training at members.	the Chauncy, Ohiofor <u>1</u> staff site
2.	Host on-site follow-up training as a	needed.
3.	Host component follow-up evaluations completion of training. These evaluations videotaping of activities and complete and parents.	uations may include observation,
4.	Document number of children and pare Home Visit component and supply	ents participating in the <u>Core Curricu</u> lum information on handicapping ,
	conditions.	
	, • A	
	The OUTREACH: Macomb 0-3 Regional I	Project staff will:
1	Provide initial training for 1 for 1 day(s).	staff members at the Chauncy, Chio site
2.	Provide pertinent written materials	to staff free of charge.
3.	Provide on-site follow-up training	as reded.
4.	Provide component follow-up evaluate after completion of training.	ions two months and four months
5.	Be available for consultation and for	urther training as requested.
		Mathe I mitele ZIPP
	Date	Adopting Agency
		Sul Markell- Trumer
	Date	OUTREACH: Macomb 0-3 Regional Project



AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

	Little River Cooperative agrees to adopt the Sharing Center
Cun	mponent(s) of the Macomb 0-3 Regional Project model. Training will
	volve $\frac{1}{2}$ staff members, serving $\frac{4-6}{2}$ children.
	Little River Cooperative agrees to:
1.	Participate in initial training at the Project site for $\underline{1}$ staff members.
2.	Host on-site follow-up training as needed.
3.	Host component follow-up evaluations two months and four months after completion of training. These evaluations may include observation, videotaping of activities and completion of questionnaires by staff and parents.
4.	Document number of children and parents participating in the Sharing
	Center component and supply information on handicapping
	conditions.
	The OUTREACH: Macomb 0-3 Regional Project staff will:
1.	Provide initial training for $\frac{1}{2}$ staff members at the Project site for $\frac{2}{2}$ day(s).
2.	Provide pertinent written materials to staff free of charge.
3.	Provide on-site follow-up, training as needed.
4.	Provide component follow-up evaluations two months and four months after completion of training.
5.	Be available for consultation and further training as requested.
	February 10, 1983 Barlana Sakarden Asst Super Date Date Date Adopting Agency Terrosish Public
<u>م</u> ت	January 24, 1983 Catricia S. Fillinger
	Date OUTREACH: Macomb 0-3 Regiona Project

The Little River Cooperative was reinstated as a Sharing Center Adoption Site after consultation with new staff members during 1984.



The Model Adoption agreement from the Omak Birth to Three Program, Omak, Washington, will be forwarded when the program is implemented in January 1985.

Appendix F: Staff Vitae

Patricia L. Hutinger Professor of Early Childhood Education Western Illinois University Macomb, Illinois 61455

EDUCATION

University of Missouri at Kansas City

B.A. 1962

University of Missouri at Kansas City

M.A. 1965

Indiana University

Ed.D. 1971

Major--Educational Psychology with specialization in human learning and cognition Minors--Early Childhood Education, Psychology (Social Psychology)

PROFESSIONAL EXPERIENCE

Professor, Early Childhood Education (full professor since 1977), 1970 to present Project Director, Macomb 0-3 Regional Project (Demonstration and Outreach), 1975 to present

Project Director, 0-6 Interdisciplinary Early Childhood Handicapped Personnel Training Project, 1977 to present

Project Director, Project M.U.S.E. (Microcomputer Use in Special Education), 1982 to present

Project Director, Project A.C.T.T. (Activating Children Through Technology), 1983 to present

Project Director, Governór's Planning Council's State of the Art of 0-3 Programs in Illinois Study, 1983-1984

Project Director, M.U.S.E. Trainer Project, 1984

COMMITTEES AND OFFICES HELD

HCEEP Rural Network, Vice-Chair, 1980-1982; Chairperson, 1982-1983

HCEEP Rural Network Monographs: Making It Work in Rural Communities, Editor-in-Chief, 1980 to present

National Committee for Very Young Handicapped Children and Their Families, INTERACT, 1978 to present; Co-editor of newsletter, 1979-1980

Illinois First Chance Consortium, 1977 to present; Chairperson, 1980-1982; Co-Chair, 1982 to present.

Illinois United Cerebal Palsy, Board of Directors, 1978-1982

UCPI Professional Service Advisory Committee, Chairperson, 1979-1981

PUBLICATIONS (Selected from over 45)

Hutinger, P. & Keefe, J. Activating children through technology: notes on using microcomputers with very young children. Submitted to Closing the Gap. August, 1984.

Hutinger, P. Competency-based teacher education in early childhood special education:

The sta of the art, Chapel Hill, North Carolina: TADS, 1983

Hutinger, P. Approach for training early childhood teachers: WIU 0-6 early childhood handicapped personnel training project. Making It Work in Rural Communities:

Training, Recruiting, and Retaining Personnel in Rural Areas (HCEEP Rural Network Monograph Series), August, 1981, 10-17.

Hutinger, P. 0-6 early childhood handicapped interdisciplinary personnel preparation project. <u>Illinois School Research and Development</u>, Winter, 1981, <u>17</u> (2), 1-6.

Hutinger, P. and Leigh, E. Alternatiive strategies for implementing change in teacher education: 0-6 early childhood handicapped personnel training project at Western Inlinois University. Change Strategies Through Teacher Education, I.A.C.T.E. Monograph, 1981, 1, 49-56.

Hutinger, P. Transitional practices for handicapped young children: What the expert say. <u>Division of Early Childhood Journal</u>, 1981.

Hutinger, P. & Swartz, S. <u>Final Report: R.F.P.: Early childhood study, Illinois early childhood handicapped research project</u>. Springfield, Illinois: State Board of Education, 1980.



VITA

Bonnie J. Smith-Dickson Elementary Education and Reading Department Western Illinois University Macomb. Illinois 61455

EDUCATION

Western Illinois University, Macomb, Illinois

Major: English Education

B.A. 1973

Minor: Psychology

Western Illinois University, Macomb, Illinois

English

M.A. 1974

Western Illinois University, Macomb, Illinois

1975-1983

Additional hours in Psychology, Early Childhood, Family Counseling,

and Computer Use in Special Education

PROFESSIONAL EXPERIENCE

Coordinator, Project M.U.S.E., Western Illinois University, 1982 to present

Coordinator, OUTREACH: Macomb 0-3 Regional Project, Western Illinois University,

1981 to present

Coordinator, 0-6 Early Childhood Handicapped Interdisciplinary Personnel Preparation

Project, Western Illinois University, 1981-present

Instructor, English, Western Illinois University, 1975-1979

SELECTED PUBLICATIONS

Smith-Dickson, B., & Hutinger, P. (eds.) Effective collaboration among health care and education professionals: A necessary condition for successful early intervention in rural areas. <u>Making it Work in Rural Communities: A Rural Network Monograph</u>, November, 1982.

Hutinger, P. & Smith-Dickson, B. (eds.) Making It Work In Rural Communities:

Proceedings of the Second HCEEP Rural Workshop, March, 1982.

Garland, C., et al. Securing funding in rural programs for young handicapped children, <u>Making It Work in Rural Communities:</u> A <u>Rural Network Monograph</u> (eds.) P. Hutinger & B. Smith-Dickson, June, 1981.

Casto, G., et al. Training, recruiting, and rettaining personnel in rural areas.

Making It Work in Rural Communities: A Rural Network Monograph (eds.)

P. Hutinger & B. Smith-Dickson. Intros. by B. Smith-Dickson, August, 1981.

Threet, S., et al. Interagency coordination: A necessity in rural programs. A Rural Network Monograph, Introductions by B. Smith-Dickson, (ed.) P. Hutinger, August, 1981.

Hutinger, P., Kutcher, A., Smith-Dickson, B., & Hanners, B. What's rural? An overview of successful strategies used by rural programs for young handicapped children. Making It Work in Rural Communities: A Rural Network Monograph (ed.) Patricia Hutinger, June, 1981.

PRESENTATIONS

Numerous presentations on strategies for working with parents and microcomputer use in special education.

COMMITTEES AND OFFICES HELD

Very Special Arts Festival, Promotions Chairperson

1984

Illinois First Chance Consortium, Secretary McDonough County Interagency Council, Representative

1981-present

1981-present



VITA

Sue Lynn Marshall 213 South College Macomb, Illinois 61455

EDUCATION

Western Illinois University B.S. Education

1975

Major area of study: Special Education with emphasis in Learning Disabilities and Mental Retardation.

Participated in WIU Block program, assisting in a TMH Intermediate classroom, Hardin, Montana in addition to required field work.

Western Illinois University M.S. Early Childhood

1985

Education

CERTIFICATION

Illinois Type 10-Special K-12 Teaching
Illinois Type 4-Elementary K-9 Teaching
Approvable Designation - Pre-School Handicapped

PROFESSIONAL EXPERIENCE

Training Coordinator, OUTREACH: Macomb 0-3 Project, responsibilities include conducting awareness presentations and replication training on Macomb Model Components, conducting evaluation and follow-up activities with replicatino sites, stimulating new sites, conducting in-services training and workshops on topic relaed to early intervention and preschool handicapped programs, assisting in development of project products and materials, maintaining resource library, coordinating inservice training for the Region IB-DD 0-3 Consortium, October, 1982 to present.

Graduate Assistant, Macomb O-6 Araining Project, Western Illinois University, supervised undergraduates in training, coordinated practicum experiences, made classroom/community presentation for recruitment and awareness purposes, September, 1981 - June, 1982.

Teacher of Special Education: Primary Resource, Preschool Multihandicapped Program, and Title I Reading, Math, and Language Arts Program, January, 1976 - March, 1981.

PUBLICATIONS

McCartan, K., Hutinger, P., Marshall, S. Macomb 0-3 Core Curriculum. Macomb: Western Illinois University, 1983.

MARY E. STRODE OUTREACH MACOMB 0-3 PROJECT WESTERN ILLINOIS UNIVERSITY

EDUCATION

Master of Science in Education, Southern Illinois University, Edwardsville, Illinois; Major: Counselor Education, 1972

Bachelor of Science in Education, Western Illinois University, Macomb, Illinois; Major: Elementary Education
Major area of study: Special Education, 1968

CERTIFICATION

Illinois #800751, Elementary Education K-9

Illinois #800752, Special - EMH

Illinois #1059237, Special - Learning disabilities
Illinois #934236, School Service Personnel - Guidance

PROFESSIONAL EXPERIENCE

Evaluator, Macomb 0-3 Project, Western Illinois University January, 1984 to present

Evaluator, Macomb 0-3 Project, Western Illinois University September, 1978 - April, 1981

Special Education Resource Teacher, Fulton County Unit Dist. #3 September, 1972- May, 1976

4th Grade Teacher, Mascoutah Community School Dist. September, 1968 - May, 1972

PRESENTATIONS

3

Illinois Birth to Three Symposium "Effective Home-Based. Programs for Infants", Peoria, Illinois, May 17-18, 1984.

Green Valley Area Education Agency 14 Professional and Paraprofessional preschool Inservice Workshop, "Normal Child Growth and Development, Handicapping Conditions, and Curriculum Development." Creston, Iowa, August 10-13, 1980

"Techniques, Intervention, and Child Development with Special-Typical Children." Migrant Teachers, Division of Children and Family Services. Western Illinois University, Macomb, Illinois, April 30-May 2, 1980

PUBLICATIONS

Sharing Center News-Spring, 1984, Outreach: Macomb 0-3 Project, Western Illinois University, Macomb, Illinois

